

# Health Care in Massachusetts: Key Indicators

February 2010

Deval L. Patrick, Governor  
Commonwealth of Massachusetts  
Timothy P. Murray  
Lieutenant Governor



JudyAnn Bigby, Secretary  
Executive Office of Health and Human Services  
David Morales, Commissioner  
Division of Health Care Finance and Policy

## Key Indicators

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## About this Report

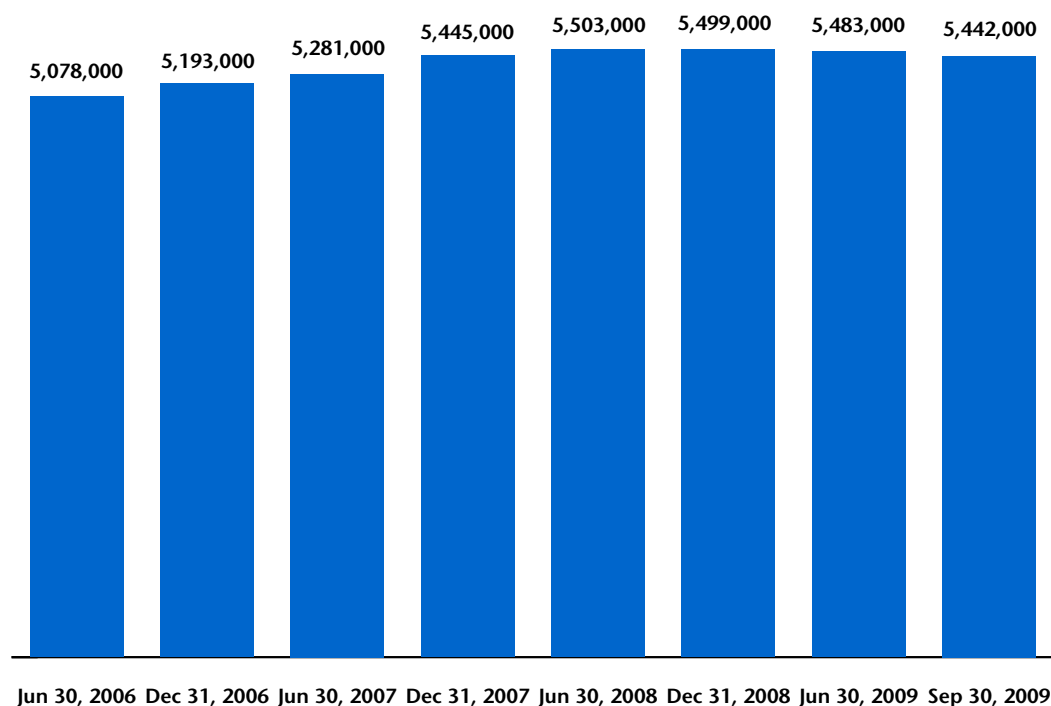
*Health Care in Massachusetts: Key Indicators* is a quarterly report from the Division of Health Care Finance and Policy (DHCFP). *Key Indicators* provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government, and surveys of Massachusetts residents and employers.

In this edition, DHCFP found that since the implementation of health reform, over 364,000 additional people have obtained health insurance. Twenty-five percent of that growth (91,000) has been in private group coverage (i.e., through employers) or individual purchase. In the most recent quarter, (July 1 to September 30) individual purchase and MassHealth enrollment increased, while enrollment in the private group market decreased over the period, indicating the sustained effects of a national economic downturn on this market.

This edition also includes updates of health insurance offer and take-up rates from the DHCFP employer survey, as well as volume and payment information on the Uncompensated Care Pool and Health Safety Net. Cost trends in health insurance premiums compared to the Health Connector's affordability schedule for 2009 is also updated. Additionally, this edition updates health plan financial performance for the first nine months of 2009, and enrollment in Prescription Advantage. This edition does not update acute hospital financial performance, community health center financial performance, health insurance coverage and access measures from DHCFP's household survey, access to health care measures from the Behavioral Risk Factor Surveillance System (BRFSS) or information on MassHealth members ages 65 and older; these pages are carried over from the previous edition.

The Division would like to thank Nancy Turnbull of the Harvard School of Public Health for her strategic and analytic support in the conception and development of this report, and staff at the Department of Public Health, including Monica Valdes Lupi, Bruce B. Cohen, Gerald O'Keefe, and Zi Zhang (formerly of DPH) for their significant contributions to the health care access section. We also thank Anthony Kariuki, Robin Callahan, and Ben Walker from the Office of Medicaid, Kaitlyn Kenney at the Health Connector, Randy Garten from the Executive Office of Elder Affairs, Nancy Schwartz and Suzanne Bailey at the Division of Insurance (DOI), and Catherine Moore at the Group Insurance Commission for their support and review of the data. The Division, finally, thanks the staff at the health plans for their continued timely responses to our requests for enrollment data.

## People with Health Insurance Excludes Medicare Enrollees



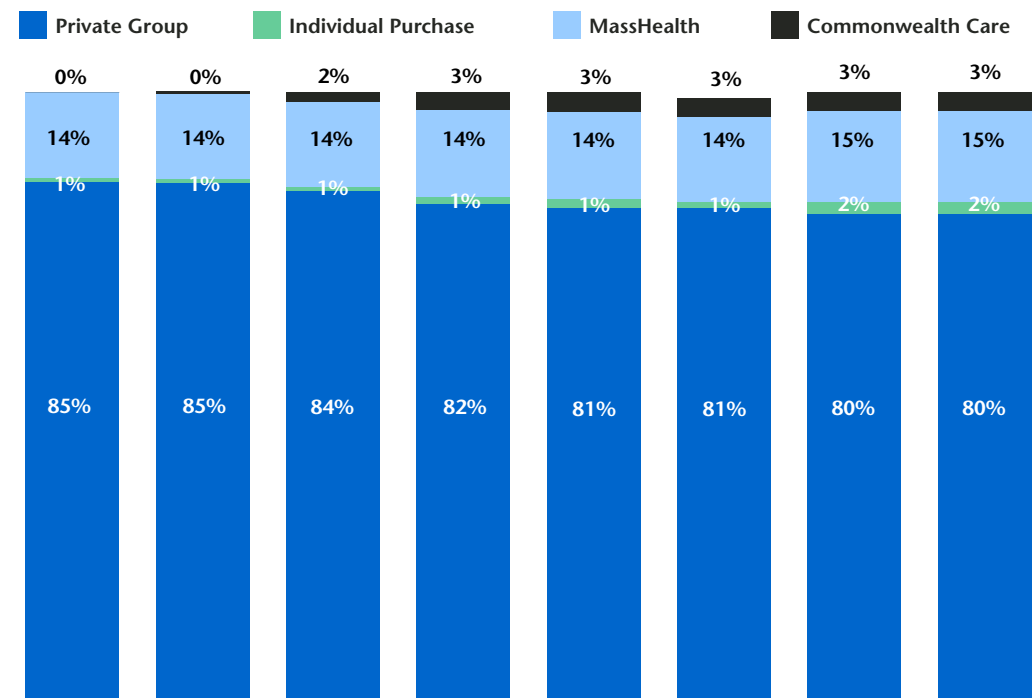
Change since June 30, 2006: + 114,000 + 202,000 + 367,000 + 425,000 + 421,000 + 405,000 + 364,000

Notes: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CeliCare, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, UniCare and UnitedHealthcare. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, and inmates of the Department of Correction. MassHealth enrollment for June 30, 2009 and September 30, 2009 are estimated from other MassHealth data since final data for these periods were not available. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. In addition, in this edition of Key Indicators the method of collection of enrollment data for GIC was changed to more accurately capture fully-insured and self-insured UniCare enrollment, increasing total enrollment by less than one percent in all years.

Sources: Membership reported to DHCFP by health plans, and MassHealth; Commonwealth Care enrollment data are from the Health Connector.

Since the implementation of health care reform, 364,000 additional people have obtained health insurance. This is down from a peak of 425,000 at the end of June 2008, a decline of 61,000, which may be linked to the effects of the national economic downturn resulting in job losses and the loss of employer-sponsored insurance.

# Insured Population by Type of Insurance Excludes Medicare Enrollees



Jun 30, 2006 Dec 31, 2006 Jun 30, 2007 Dec 31, 2007 Jun 30, 2008 Dec 31, 2008 Jun 30, 2009 Sep 30, 2009

Number of Members (rounded to the nearest 1,000):

	Jun 30, 2006	Dec 31, 2006	Jun 30, 2007	Dec 31, 2007	Jun 30, 2008	Dec 31, 2008	Jun 30, 2009	Sep 30, 2009	Change Since June 30, 2006:
Private Group	4,333,000	4,395,000	4,433,000	4,457,000	4,467,000	4,474,000	4,413,000	4,374,000	+ 41,000
Individual Purchase	40,000	39,000	36,000	65,000	76,000	81,000	89,000	90,000	+ 50,000
MassHealth	705,000	741,000	732,000	765,000	785,000	781,000	804,000	828,000	+ 123,000
Commonwealth Care	0	18,000	80,000	158,000	176,000	163,000	177,000	150,000*	+ 150,000
<b>Total Members</b>	<b>5,078,000</b>	<b>5,193,000</b>	<b>5,281,000</b>	<b>5,445,000</b>	<b>5,503,000</b>	<b>5,499,000</b>	<b>5,483,000</b>	<b>5,442,000</b>	<b>+ 364,000</b>

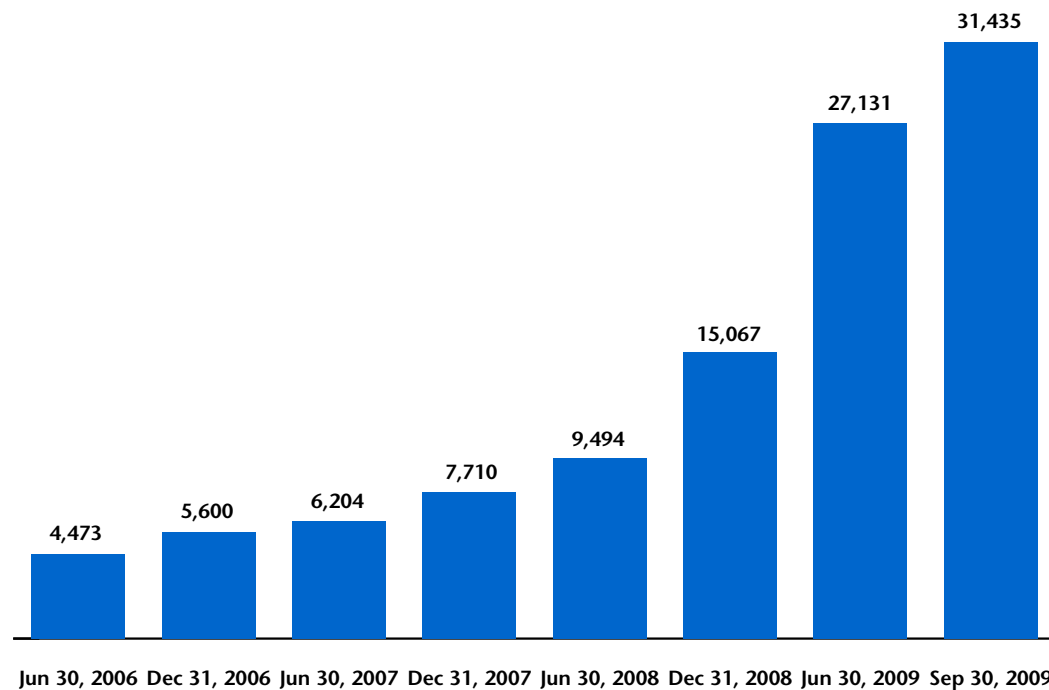
Notes: Private group includes large group, small group, and self-insured members reported by the health plans listed on page 6. Individual purchase includes Commonwealth Choice and residual non-group market. MassHealth enrollment does not include members with partial coverage or premium assistance; they are counted in the private plans. These members include Seniors, MassHealth Limited, individuals with third party liability (e.g., disabled with Medicare), and Family Assistance/Insurance Partnership. Commonwealth Care includes enrollment in Boston Medical Center HealthNet Plan, Fallon, Neighborhood Health Plan, and Network Health. Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CeliCare, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, UniCare and UnitedHealthcare. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only and inmates of the Department of Correction. MassHealth enrollment for June 30, 2009 and September 30, 2009 are estimated from other MassHealth data since final data for these periods were not available. Numbers may not match previous editions of *Key Indicators*, as health plans may revise enrollment information in previous quarters. In addition, in this edition of *Key Indicators* the method of collection of enrollment data for GIC was changed to more accurately capture fully insured and self-insured UniCare enrollment, increasing total enrollment by less than one percent in all years. Numbers may not sum due to rounding.

Sources: Membership reported to DHCFF by health plans, and MassHealth; Commonwealth Care enrollment data are from the Health Connector; Bureau of Labor Statistics.

Since implementation of health reform, enrollment in private group insurance has grown by 41,000 and individual purchase has more than doubled. From December 2008 to September 2009, private group enrollment declined by 2.3% as the unemployment rate rose and individuals lost their employer-sponsored insurance.

\* From June 2009 to September 2009, Commonwealth Care lost about 27,000 members. This is in large part attributable to "aliens with special status" unqualified for federal matching funds. As of September 30, 2009, many of these people became temporarily disenrolled, but soon thereafter are eligible for the Commonwealth Care Bridge program. An update will be provided in the next edition of *Key Indicators*.

# Medical Security Program Enrollment Unemployment Claimants and Dependents



Change since June 30, 2006: + 1,127    + 1,731    + 3,237    + 5,021    + 10,594    + 22,658    + 26,962

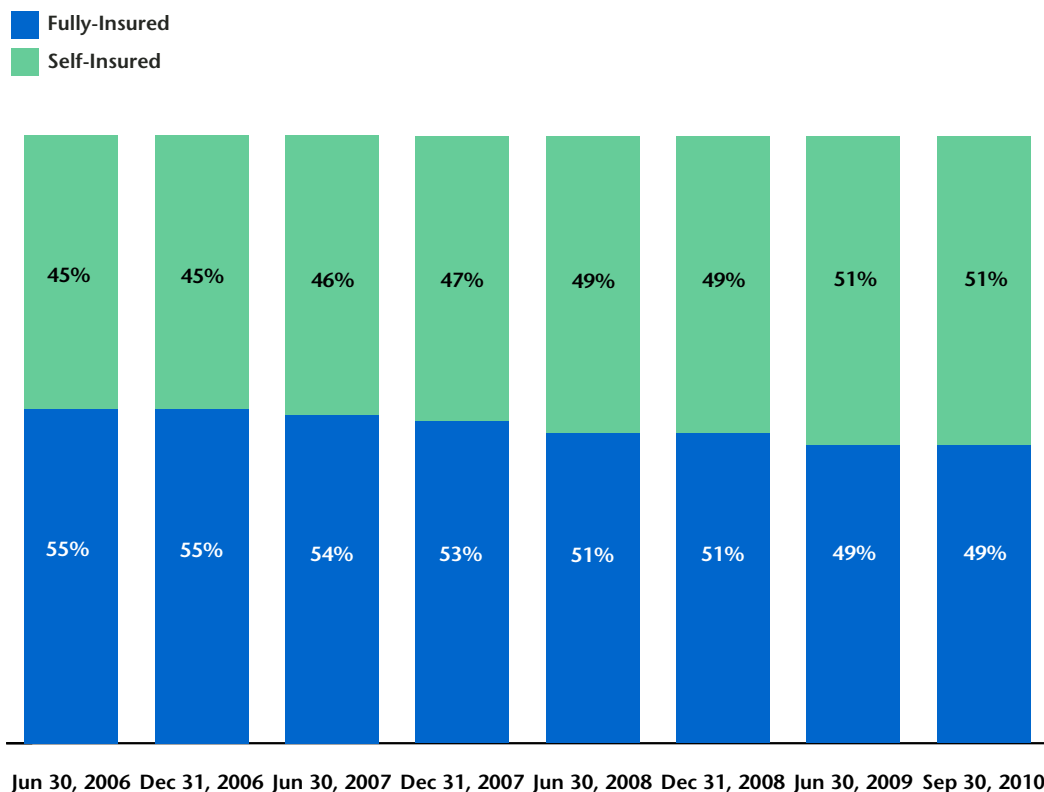
The Medical Security Program (MSP) is a health care plan for low- and moderate-income Massachusetts residents receiving unemployment insurance benefits.

Since June 2008, MSP enrollment has grown significantly. Enrollment more than doubled between December 2008 and September 2009 and grew by approximately 16% during the three months between June 2009 and September 2009.

MSP enrollees are included in the total enrollees on page 3 and in the private group enrollment on pages 4 and 6.

Notes: Data reflect total enrollment including unemployment insurance enrollees and their dependents.  
Source: Massachusetts Division of Unemployment Assistance.

# Private Group Enrollment Excludes Medicare Advantage



Membership in self-insured products has grown steadily since December 2006 and currently accounts for more than half of enrollment in private group insurance.

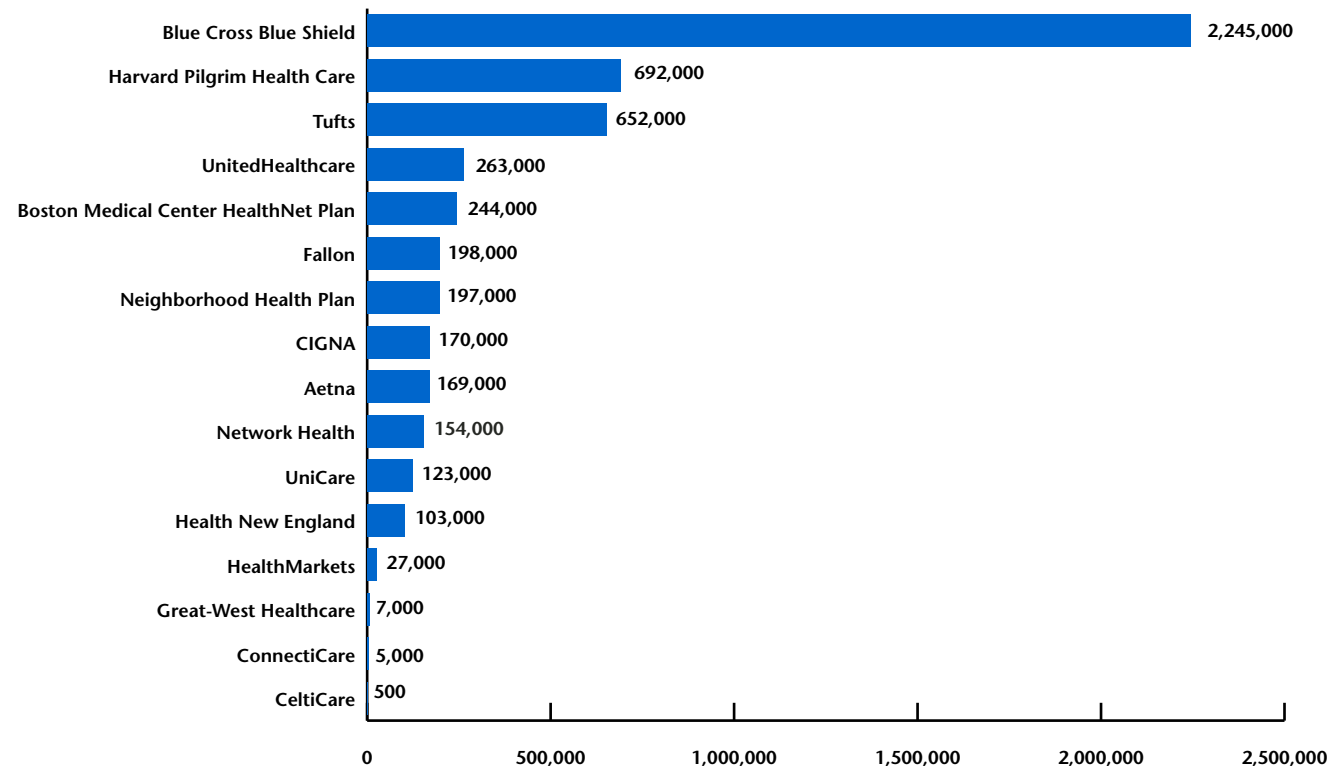
Self-insured products are an arrangement in which an employer provides health benefits to employees and assumes the insurance risk for claims payment. The health plan acts as a third party administrator and is not at risk for medical costs.

Notes: Data reflect enrollment in large and small group health insurance, rounded to the nearest thousand, as of the specified date. Self-insured products are those reported by health plans listed on page 7 and do not include self-administered or third-party administered plans. As a result, the number of self-insured members may be understated. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, Neighborhood Health Plan, Tufts and UniCare. UnitedHealthcare does not report information on fully- and self-insured membership and data are not included on this page. Sources: Membership reported to DHCFP by health plans.

The Employee Retirement Income Security Act (ERISA) exempts self-insured plans from most state oversight and regulations.

# Enrollment by Insurer

## As of Sep 30, 2009 (Includes Medicare Advantage)



Enrollment figures by insurer include all Massachusetts residents enrolled in health insurance products offered by the identified insurer and its affiliates. MassHealth, Medicare Advantage, and Commonwealth Care enrollment are included in addition to fully- and self-insured group and direct purchase products.

Blue Cross Blue Shield plans provide coverage to more than 43% of Massachusetts residents insured by private health plans.

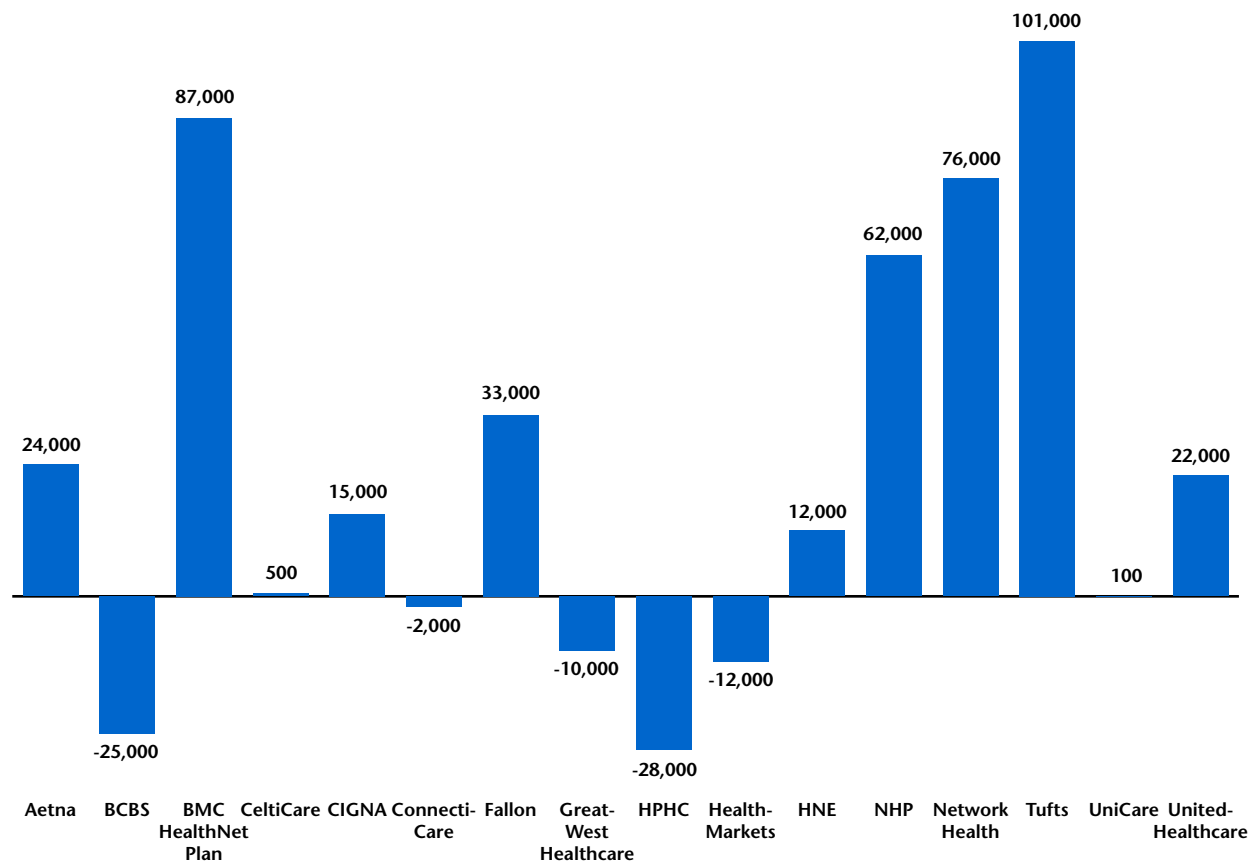
Notes: Data reflect total enrollment as of Sep 30, 2009. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. Medicare Advantage enrollment figures for UnitedHealthcare are from December 31, 2008 and are updated once a year. UniCare data, previously reported by GIC, are directly from UniCare and include both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.



# Change in Enrollment by Insurer

## Since Jun 30, 2006 (Includes Medicare Advantage)



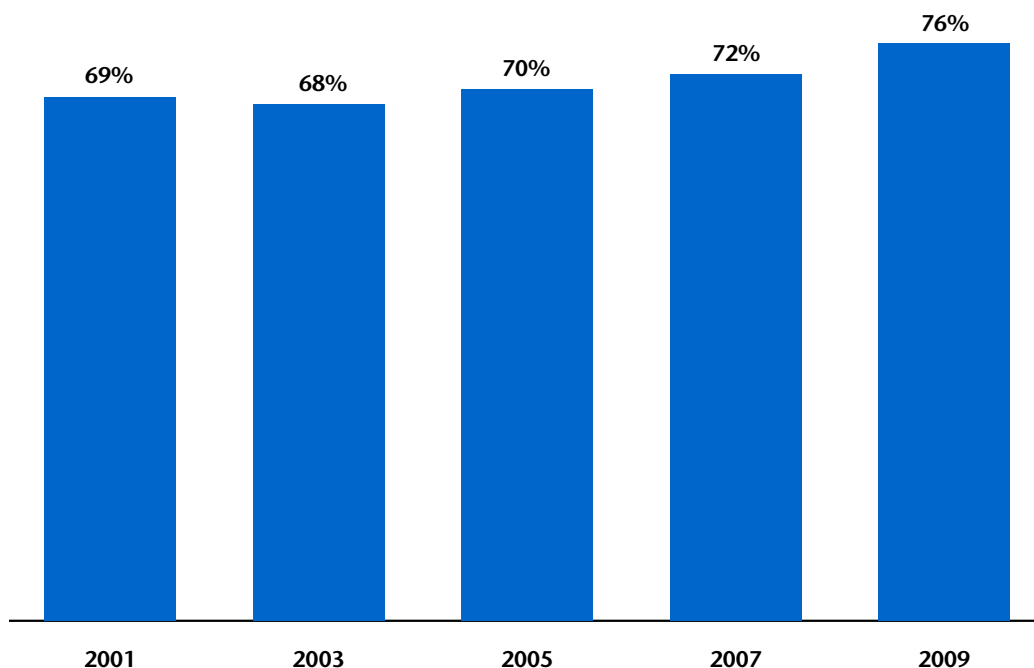
From June 30, 2006 to September 30, 2009, most health plans experienced growth in membership, although a few experienced declines. The most significant increases in membership occurred for Boston Medical Center HealthNet Plan, Neighborhood Health Plan, Network Health, and Tufts Health Plan.

Notes: Data reflect the change in total enrollment between June 30, 2006 and September 30, 2009. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. HPHC losses include enrollees in a plan that is jointly administered by UnitedHealthcare and are included in UnitedHealthcare's enrollment tally. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. June 30, 2009 Medicare Advantage enrollment figures for UnitedHealthcare are from December 31, 2008 and are updated once a year. UniCare data previously reported by GIC, are directly from UniCare and include both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.

## Employers Offering Health Insurance

### Percent of Employers



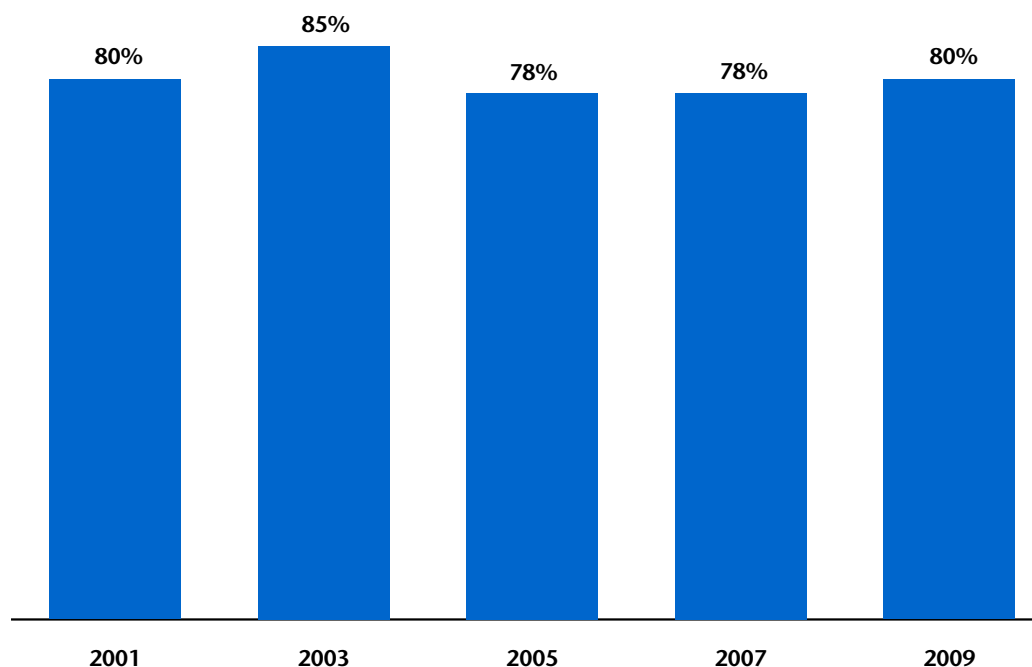
More than three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts employer offer rate increased to 76% in 2009 from 69% in 2001 as the national rate declined to 60% from 68% during the same time period.

Note: The changes from year to year are not statistically significant.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, and 2009. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2009.

## Employees Enrolled in Health Insurance

### Percent of Eligible Employees

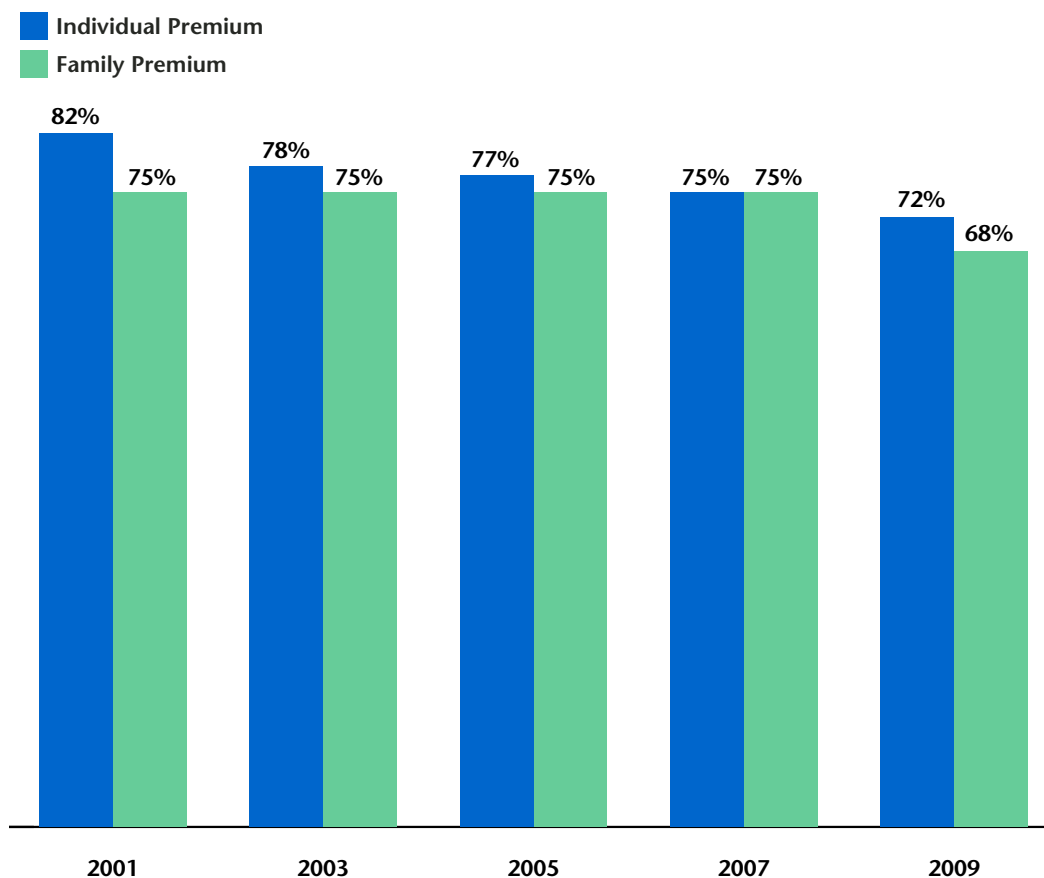


Eighty percent of employees eligible for health insurance enrolled in their employer's health plan in 2009. This rate is comparable to the national rate of 81% for the same period, as reported in the Kaiser/HRET survey.

Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, and 2009. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2009.

## Employer Contributions to Health Insurance Percent of Individual and Family Premiums

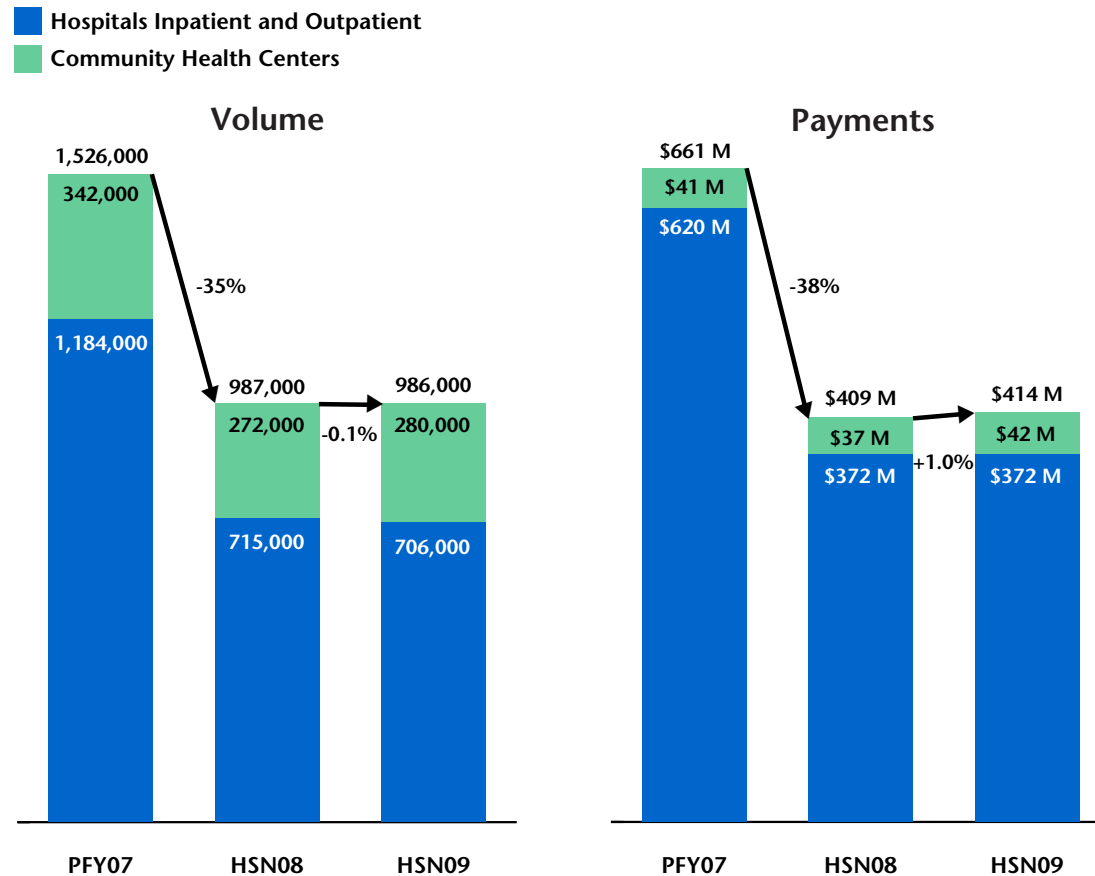


From 2007 to 2009, employers' percentage contributions to individual and family health insurance premiums declined in Massachusetts, with contributions toward family premiums declining by 7 percentage points. Nationally, employers contributed higher percentages toward individual and family premiums in 2009 (83% and 73%, respectively).

Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, and 2009. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2009.

# UCP and HSN Volume and Payments for Hospitals and Community Health Centers



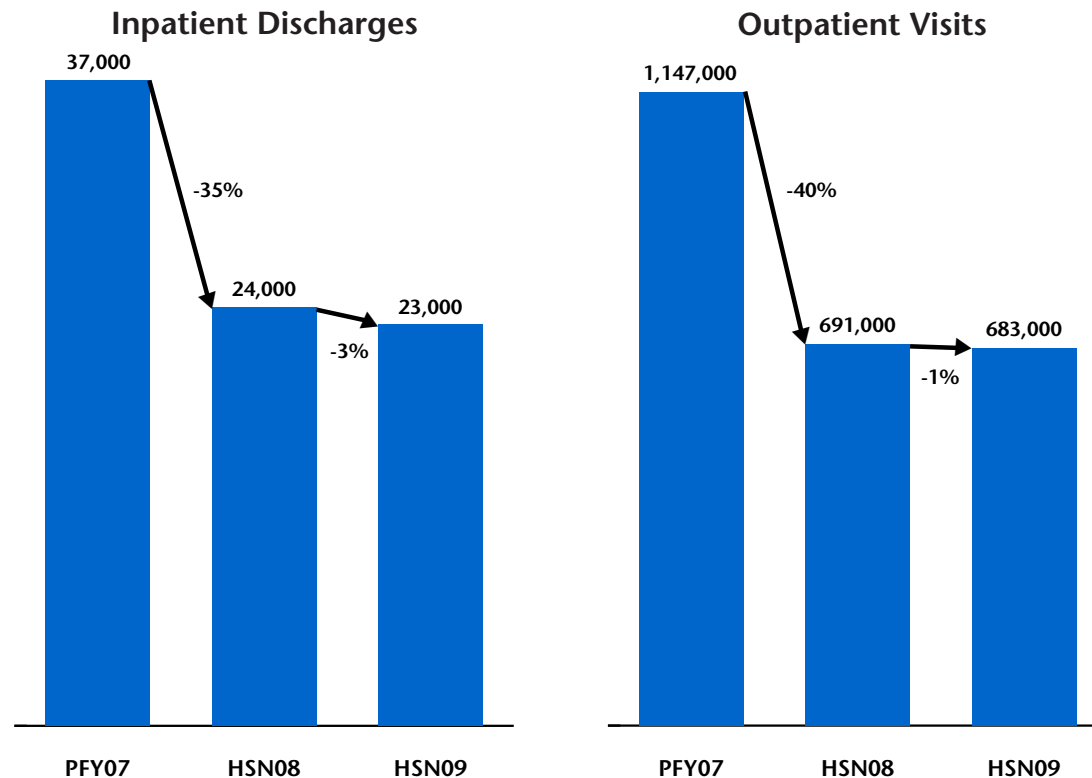
Health Safety Net (HSN) volume for hospitals and community health centers declined by 0.1% and payments increased by 1% in Health Safety Net fiscal year 2009 (HSN09) compared to the same period in the prior year.

Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Hospital volume is the sum of inpatient discharges and outpatient visits for which payments were made to hospital providers in the years shown. Community health center volume is the sum of visits for which payments were made to community health center providers in the years shown. Hospital and community health center volume excludes pharmacy claims. Hospital and community health center payments are reported in the month in which payment was made. Hospital and community health center payments include pharmacy payments. Numbers may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 10/13/09.

# Hospital Volume

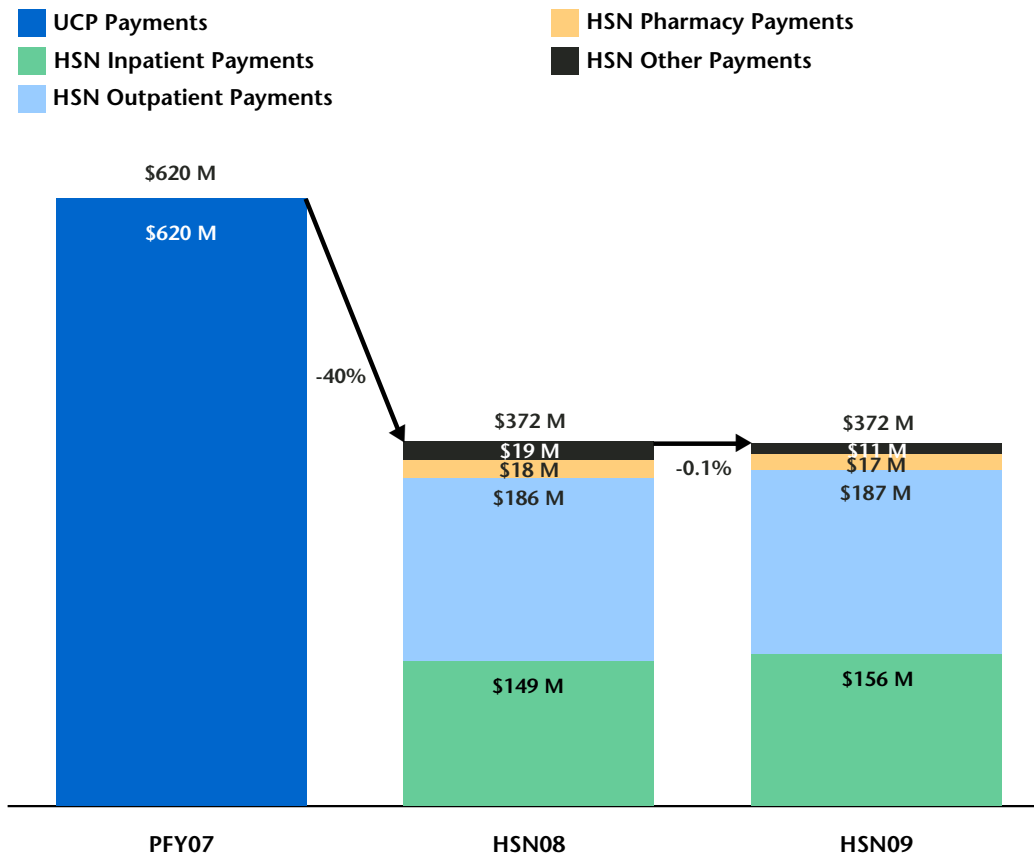
## Inpatient Discharges and Outpatient Visits



The number of hospital inpatient discharges billed to the Health Safety Net (HSN) in HSN09 decreased by approximately 3% compared to the same period in the prior year. The number of outpatient visits decreased by 1% over the same time period.

Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Hospital volume excludes pharmacy claims. Numbers may not sum due to rounding; percent changes are calculated prior to rounding.  
Source: DHCFP Health Safety Net Data Warehouse as of 10/13/09.

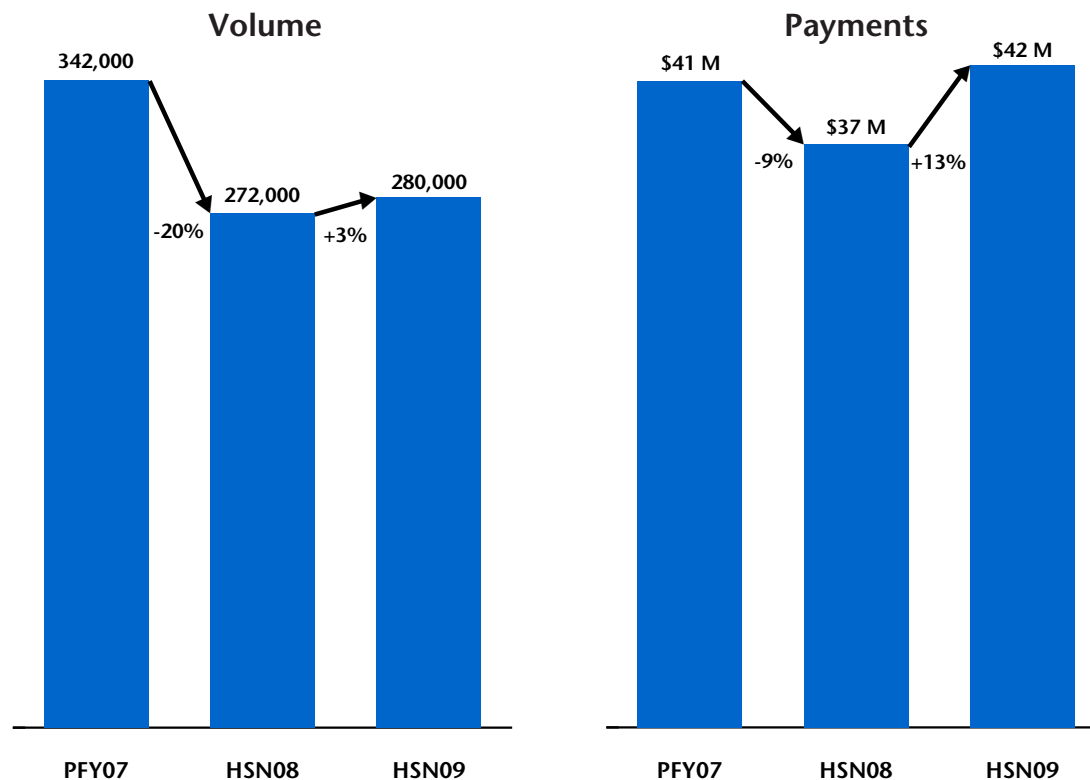
# UCP and HSN Payment Trends for Hospitals



Hospital payments declined by 0.1% in Health Safety Net fiscal year 2009 (HSN09) compared to the same period in the prior year.

Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Hospital payments are reported in the month in which payment was made. Hospital payments include pharmacy payments. "Other HSN Payments" includes payment adjustments that are not attributable to a service category. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding. Due to block-grant payment methodology used in PFY07, payment information is not available by service type.  
Source: DHCFP Health Safety Net Data Warehouse as of 10/13/09.

## UCP and HSN Volume and Payments for Community Health Centers



Community health center (CHC) Health Safety Net (HSN) visit volume increased by 3% in HSN09 compared to the same period in the prior year. CHC payments increased by 13% in HSN09 compared to the prior year.

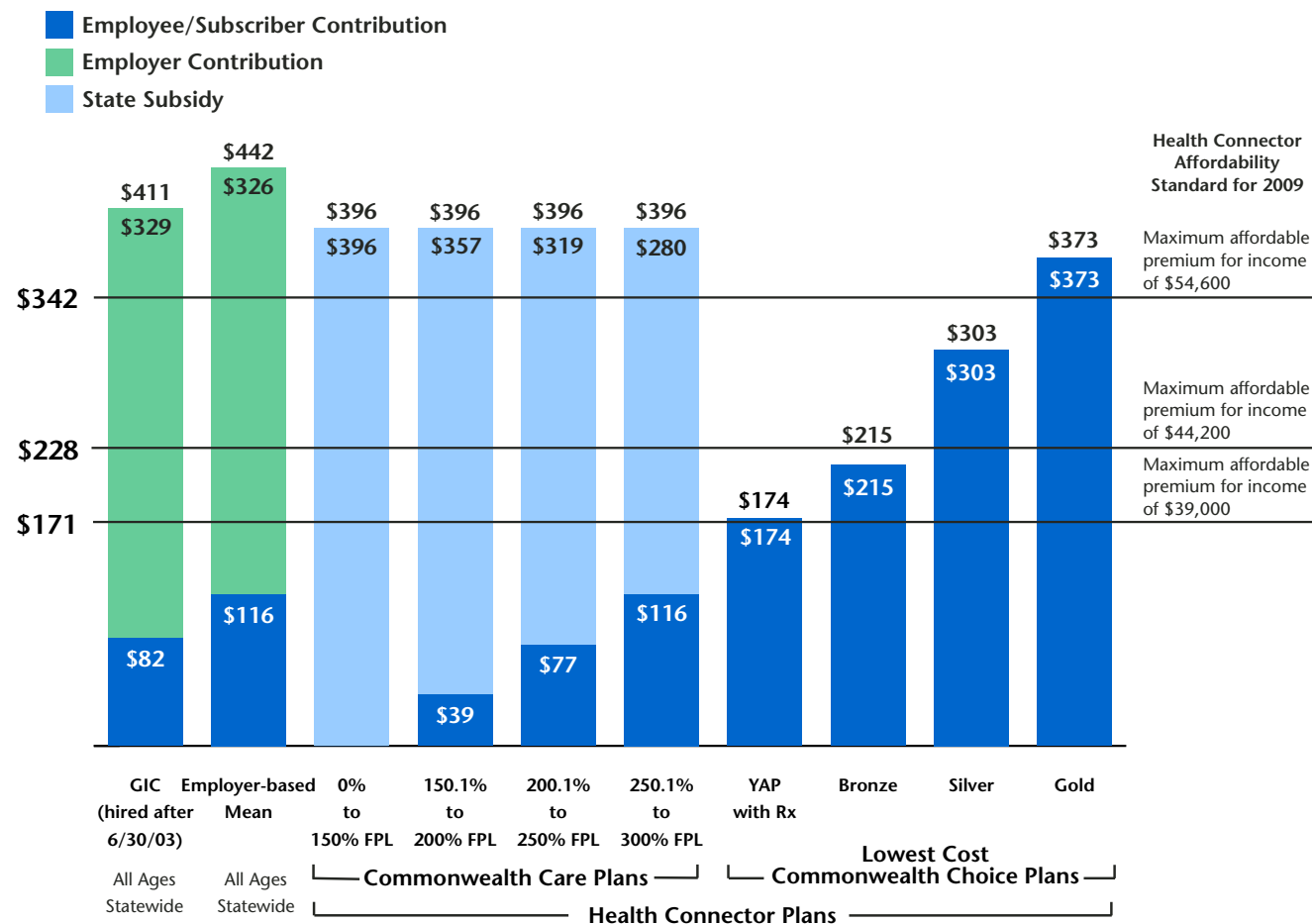
The 13% increase in payments may be attributed to increased CHC dental and medical visit rates, as well as increased pharmacy payments resulting from the availability of new HSN pharmacies.

Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Community health center volume is the sum of visits for which payments were made to community health center providers in the months shown. Community health center volume excludes pharmacy claims. Community health center payments are reported in the month in which payment was made. Community health center payments include pharmacy payments. Numbers may not sum due to rounding; percent changes are calculated prior to rounding. Source: DHCFP Health Safety Net Data Warehouse as of 10/13/09.



# Monthly Cost of Health Insurance

## Employer and Connector Plans for Individuals



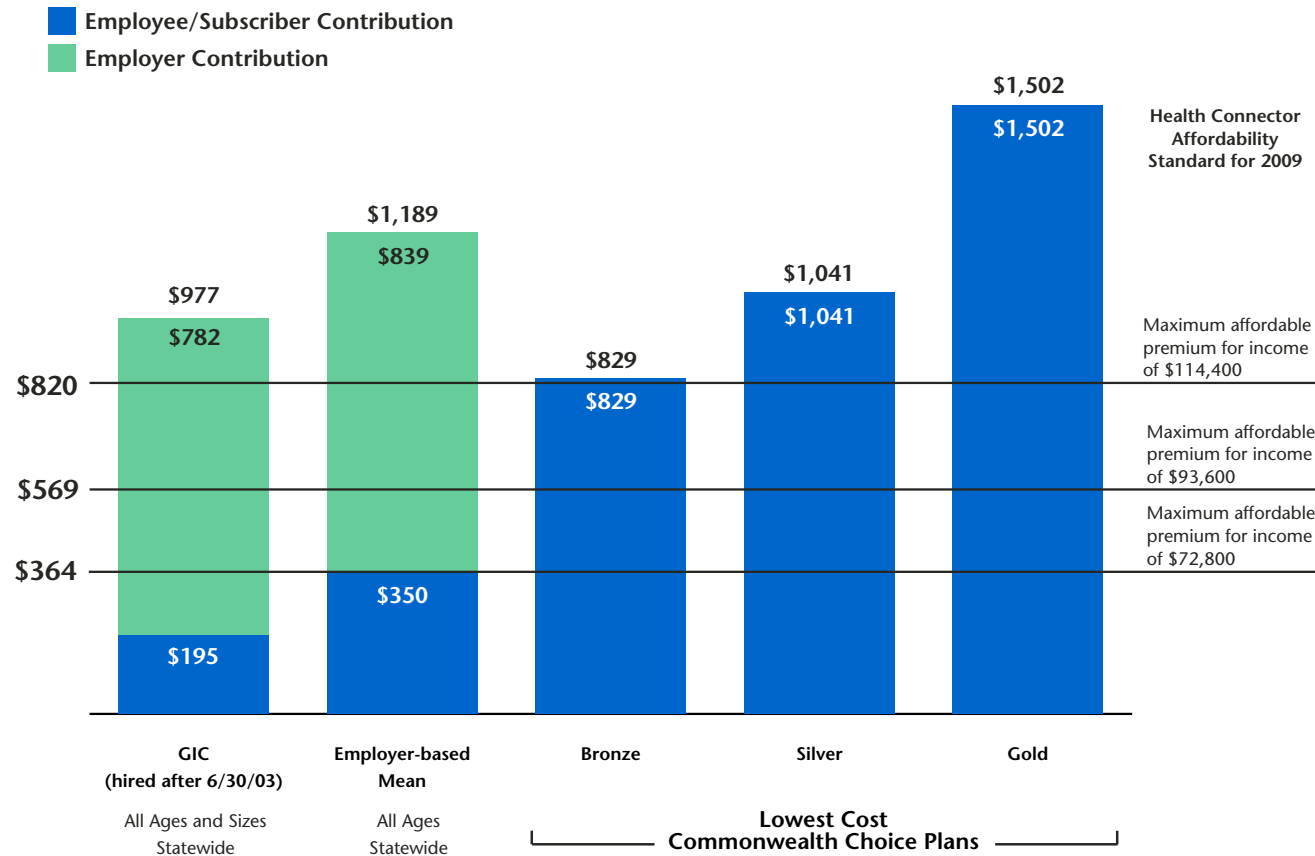
Subscriber contributions to Commonwealth Care plans compare favorably to the median employee contribution for employer-based coverage estimated in the 2009 Employer Survey. All Commonwealth Choice products compare favorably to the median total cost of employer-based insurance.

These premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2009. For more details, please visit: [www.MAhealthconnector.org](http://www.MAhealthconnector.org).

Notes: The calculation of median premiums for private, employer-based insurance does not include premiums paid by government employees. Commonwealth Care premiums reflect average composite capitation rates for the total Commonwealth Care population. There is variation in actual capitation amounts across plan types and managed care organizations based on member demographics. The premium for Commonwealth Choice YAP with Rx plan was calculated for a 25-year-old individual living in Boston. Premiums for Commonwealth Choice Bronze, Silver, and Gold are the lowest priced plans available for a 35-year-old individual living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar. Sources: 2009-2010 GIC Benefit Decision Guide; 2009 DHCFP Employer Survey; Health Connector Affordability Schedule for 2009; Health Connector for Commonwealth Choice plan premiums effective February 1, 2010 and Commonwealth Care premiums effective beginning July 1, 2009.

# Monthly Cost of Health Insurance

## Employer and Connector Plans for Families



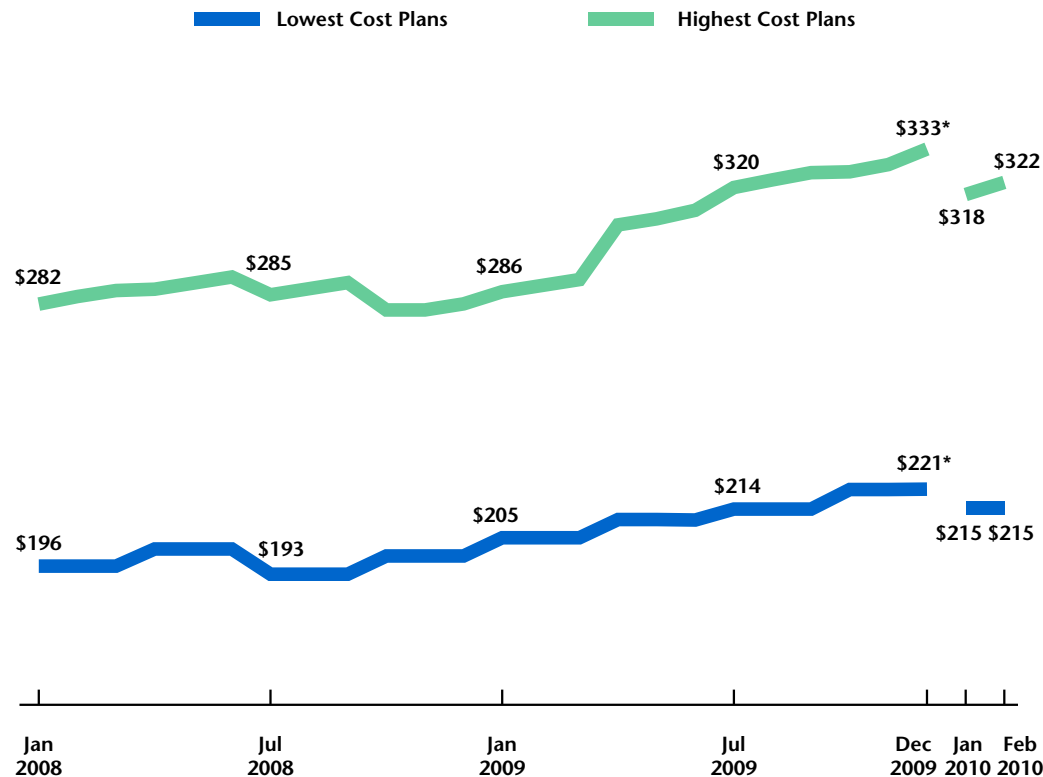
Commonwealth Choice premium contributions for families are higher than the median employee contribution for employer-based family coverage estimated in the 2009 Employer Survey. Commonwealth Choice Silver and Bronze family premiums compare favorably to the median total cost of employer-based insurance.

These premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2009. For more details, please visit: [www.MAhealthconnector.org](http://www.MAhealthconnector.org).

Notes: Commonwealth Care plans provide coverage for adult individuals only and, therefore, do not have family plans. The calculation of median premiums for private employer-based insurance does not include premiums paid by government employees. Premiums for Commonwealth Choice Bronze, Silver, and Gold plans are the lowest price for a family of four, with two 35-year-old parents and two children living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar.  
 Sources: 2009-2010 GIC Benefit Decision Guide; 2009 DHCFP Employer Survey; Health Connector Affordability Schedule for 2009; Health Connector for Commonwealth Choice plan premiums effective February 1, 2010.

# Commonwealth Choice Bronze Premiums

## Highest- and Lowest-Cost Plans (with Rx Coverage)



Between January 2008 and December 2009, premiums for the lowest-cost Commonwealth Choice Bronze plans grew at an average annual rate of 6.3%. Premiums for the highest-cost Commonwealth Choice Bronze plans averaged an annual growth rate of 9.0% over the same period.

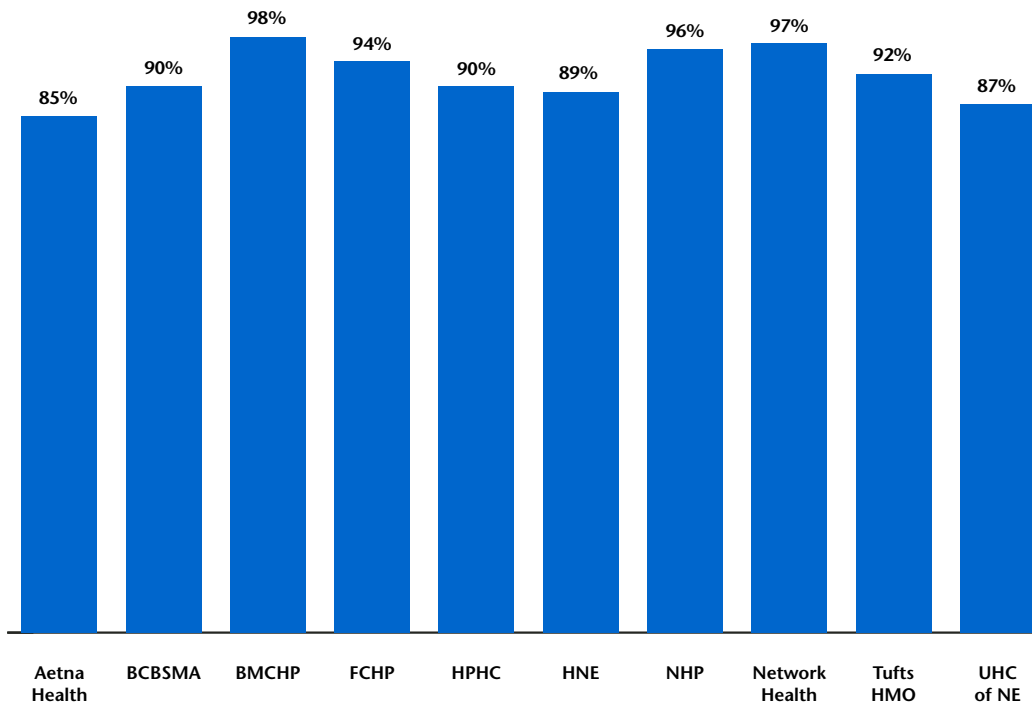
Notes: Premiums are for a 35-year-old individual living in Boston. As of January 2008, Bronze products are no longer offered without Rx coverage. Monthly premium costs are selected from the highest- and lowest-priced products in the given month, and, therefore, trend lines do not track the same product from the same carrier over time. Premiums effective January 2010 and after represent significantly different health benefits packages and may not be comparable to data reported on periods preceding this date. Beginning January 2010, Bronze plans are offered in three tiers; lowest and highest premiums shown are selected from the Bronze Low Tier. Prior to January 2010, lowest and highest premiums represent the lowest and highest in the single Bronze category.

Source: Health Connector

\* Beginning in January 2010, premiums for Commonwealth Choice plan benefit packages changed to create three tiers within Bronze. Reported here are the highest- and lowest-cost Bronze plans for the lowest tier product.

# Medical Expense Ratio

## by Health Plan for the First Nine Months of 2009

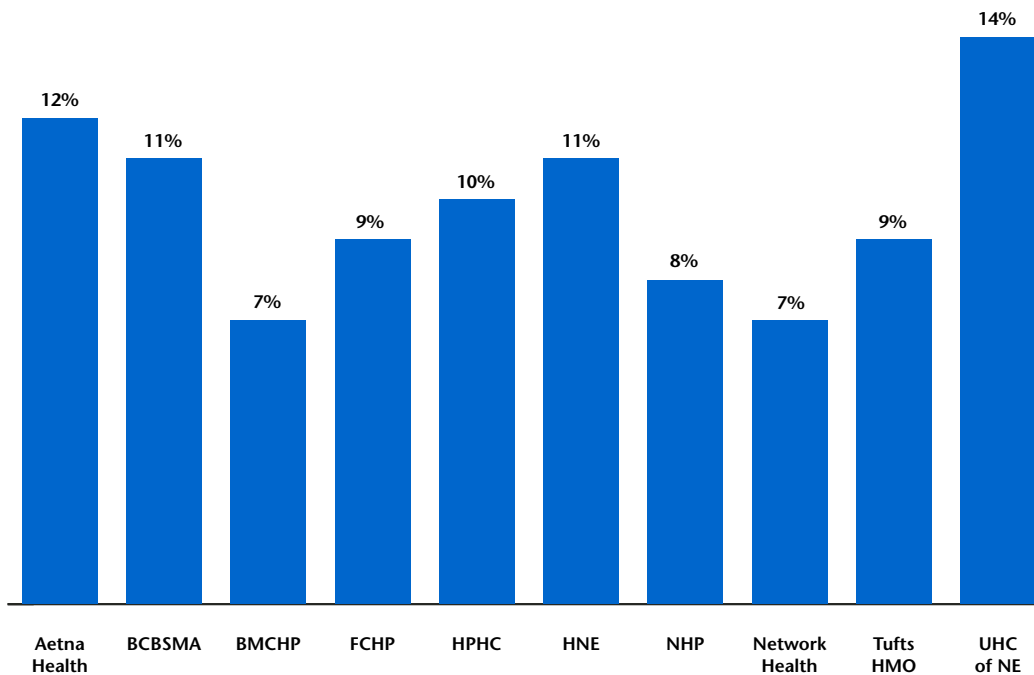


Health plans spent between 85% and 98% of total health care related revenue on medical services provided to members in the first nine months of 2009.

Caution should be taken when interpreting partial year performance as it is not necessarily indicative of year-end results.

Notes: Medical expense ratio is calculated by dividing the total hospital and medical expenses by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations (HMOs) licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health in the first nine months of calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

# Administrative Expense Ratio by Health Plan for the First Nine Months of 2009



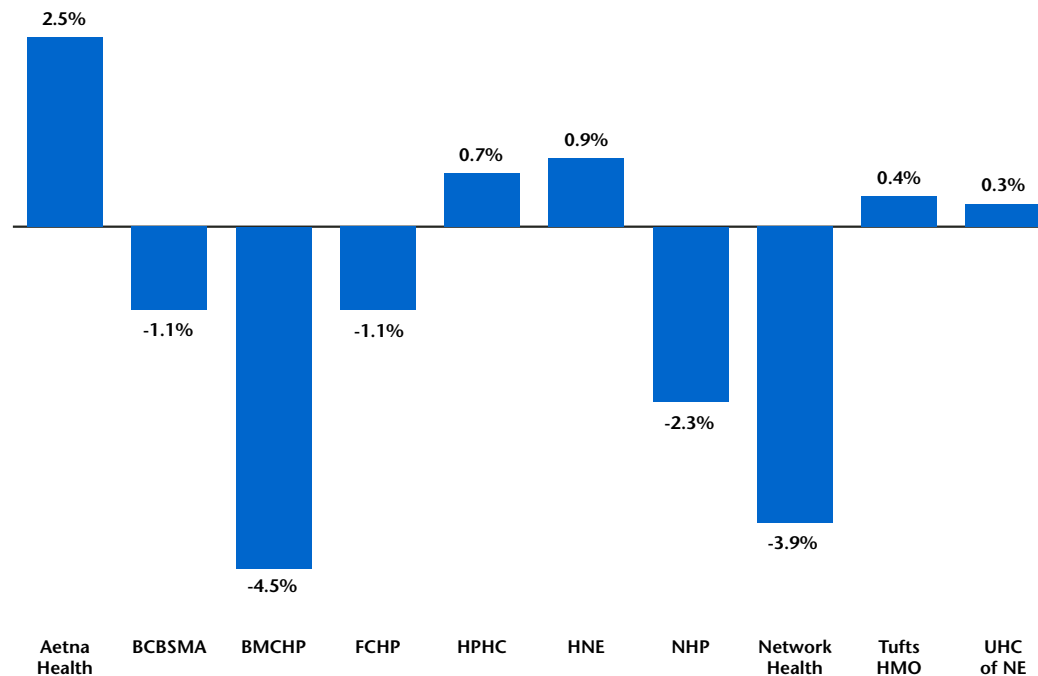
Health plans spent between 7% and 14% of total health care related revenue on administrative expenses including staff, claims processing, rent, and clinical oversight in the first nine months of 2009.

Caution should be taken when interpreting partial year performance as it is not necessarily indicative of year-end results.

Notes: Administrative expense ratio is calculated by dividing the total administrative expenses (including claims adjustment and general administrative expenses) by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health in the first nine months of calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

# Profit Margin

## by Health Plan for the First Nine Months of 2009



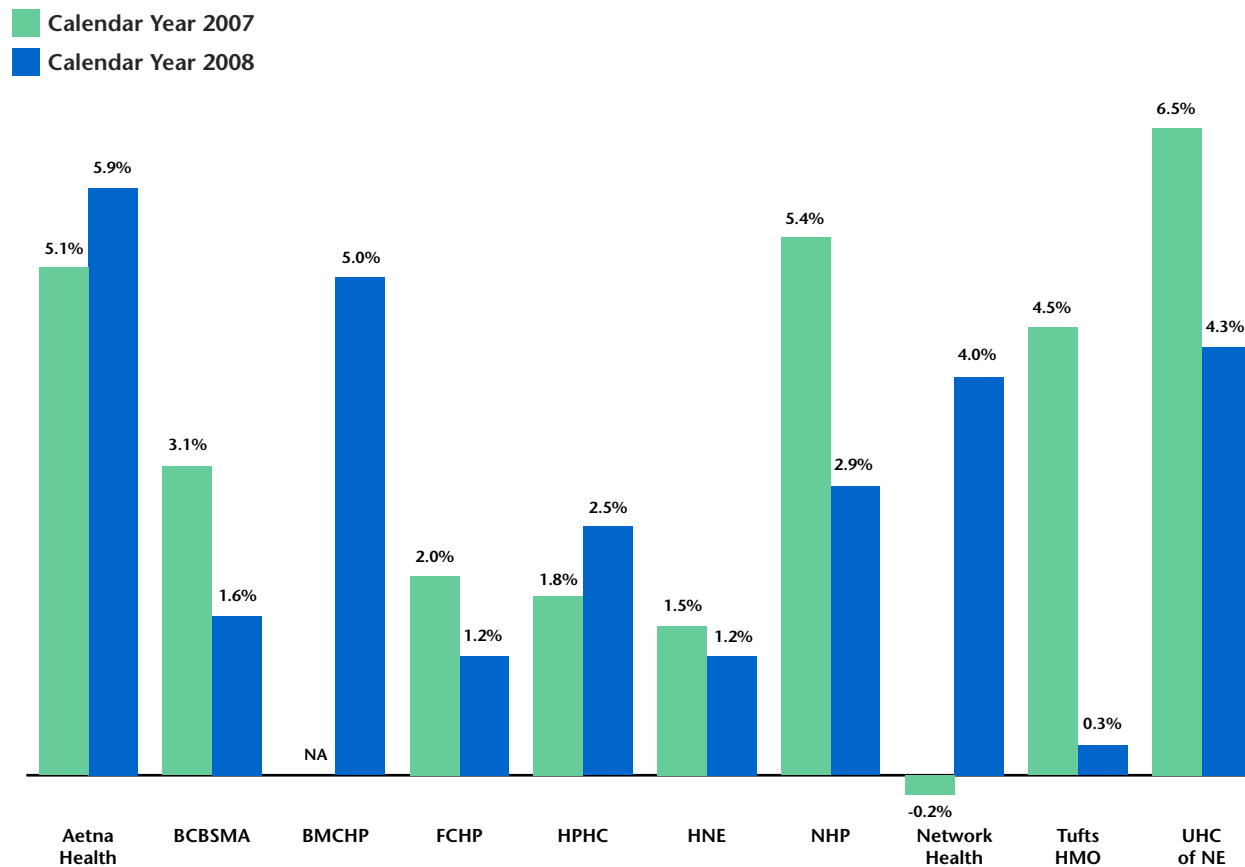
Profit margin represents the resources available to the plan for other purposes after paying medical claims and administrative costs. During the first nine months of 2009, half of the health plans reported positive profit margins and the other half negative margins. However, for all but one health plan, positive profit margins were barely above break-even.

Caution should be taken when interpreting partial year performance as it is not necessarily indicative of year-end results.

Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. It does not include write-ins for non-health revenues. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health in calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

# Profit Margin

## by Health Plan for Calendar Years 2007 and 2008



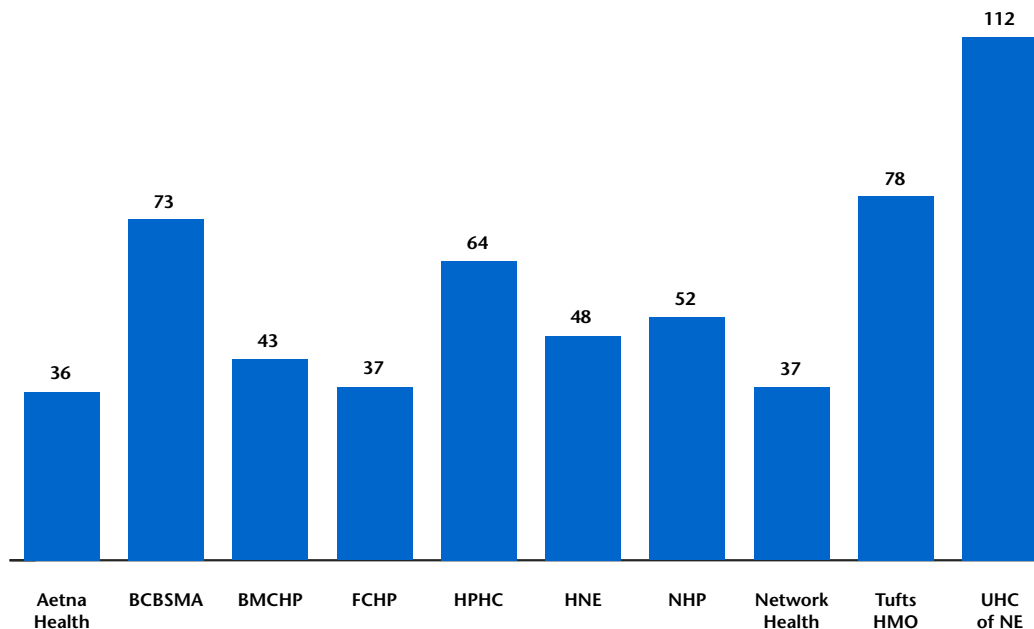
Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. Information does not include write-ins for non-health revenues. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

The majority of health plans had lower profit margins in calendar year 2008 than in calendar year 2007.

Boston Medical Center HealthNet Plan reported financial information using the MassHealth 4B insolvency reports in calendar year 2007. Such data are not comparable to that reported to DOI in calendar year 2008 for this plan.

# Days in Reserve

## by Health Plan for the First Nine Months of 2009



Days in reserve is a measure of financial solvency. It reflects the number of days of medical expenses a plan could fund from its net worth.

For the first nine months of 2009, less than half of the health plans for whom data are reported had at least 60 days in reserve to fund medical expenses from their net worth.

Caution should be taken when interpreting partial year performance as it is not necessarily indicative of year-end results.

Notes: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total medical and administrative expenses by the number of days in the year. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health for the first nine months of calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.



# Health Plan Financial Performance

## by Health Plan for Calendar Year 2007

Health Plan	Medical Expense Ratio	Administrative Expense Ratio	Profit Margin	Days in Reserve	Profit (Loss)
Aetna Health, Inc. (a Pennsylvania Corp.)	81%	11%	5.1%	51	\$104,210,000
Blue Cross Blue Shield of MA and HMO Blue	89%	10%	3.1%	87	\$208,726,000
Boston Medical Center HealthNet Plan	90%	8%	3.6%	42	\$32,550,000
Fallon Community Health Plan, Inc.	91%	9%	2.0%	71	\$17,742,000
Harvard Pilgrim Health Care, Inc.	87%	12%	1.8%	66	\$38,075,000
Health New England, Inc.	87%	11%	1.5%	49	\$4,077,000
Neighborhood Health Plan, Inc.	87%	9%	5.4%	76	\$36,230,000
Network Health	94%	6%	-0.2%	40	(\$1,004,000)
Tufts Associated Health Maintenance Organization	87%	12%	4.5%	101	\$90,961,000
UnitedHealthcare of New England, Inc.	79%	14%	6.5%	125	\$25,081,000

Notes: Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$47 million for supplemental payments (Section 122) reported as miscellaneous non-operating revenue in calendar year 2007 on the MassHealth 4B reports. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Boston Medical Center HealthNet Plan and Network Health data are from MassHealth 4B and insolvency reports.

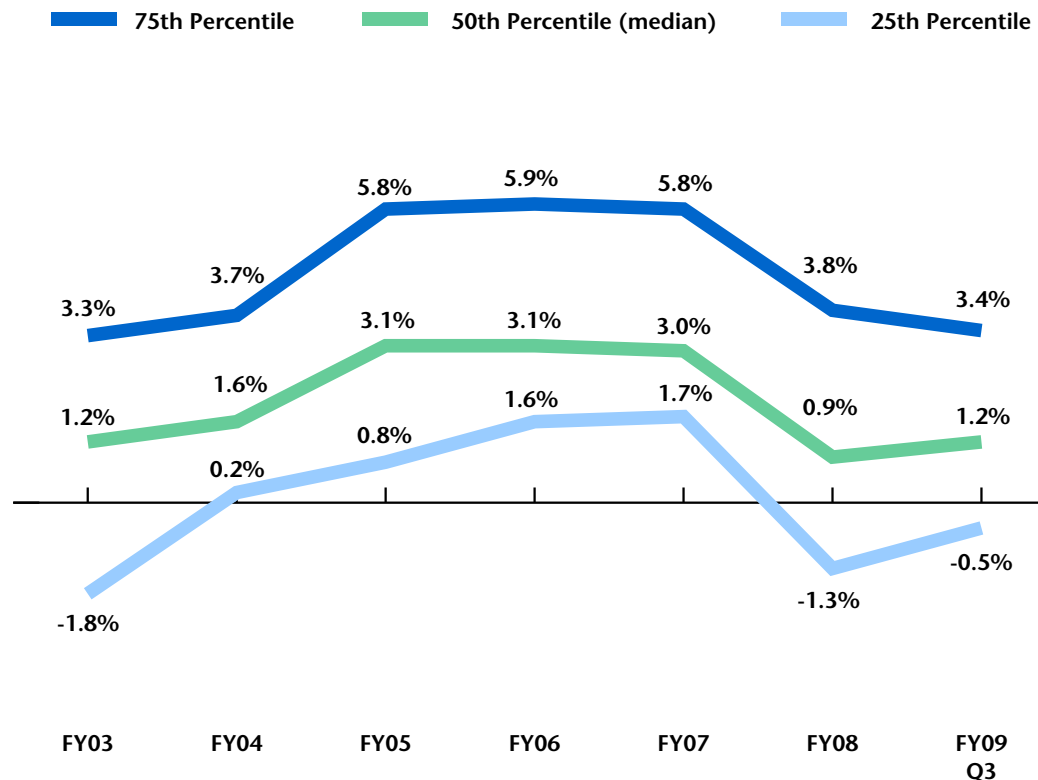
# Health Plan Financial Performance

## by Health Plan for Calendar Year 2008

Health Plan	Medical Expense Ratio	Administrative Expense Ratio	Profit Margin	Days in Reserve	Profit (Loss)
Aetna Health, Inc. (a Pennsylvania Corp.)	84%	12%	5.9%	43	\$130,538,000
Blue Cross Blue Shield of MA and HMO Blue	89%	10%	1.6%	72	\$105,388,000
Boston Medical Center HealthNet Plan	88%	7%	5.0%	56	\$56,714,000
Fallon Community Health Plan, Inc.	91%	9%	1.2%	46	\$11,628,000
Harvard Pilgrim Health Care, Inc.	88%	10%	2.5%	70	\$52,292,000
Health New England, Inc.	87%	11%	1.2%	49	\$3,436,000
Neighborhood Health Plan, Inc.	90%	9%	2.9%	68	\$24,721,000
Network Health	90%	6%	4.0%	35	\$28,324,000
Tufts Associated Health Maintenance Organization	88%	11%	0.3%	72	\$6,116,000
UnitedHealthcare of New England, Inc.	81%	14%	4.3%	126	\$16,591,000

Notes: Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B and insolvency reports.

# Total Margin Trend by Fiscal Year



Many hospitals experienced positive total margins during the first three quarters of FY09. Some hospitals experienced declines in total profits, particularly among the financially strongest hospitals.

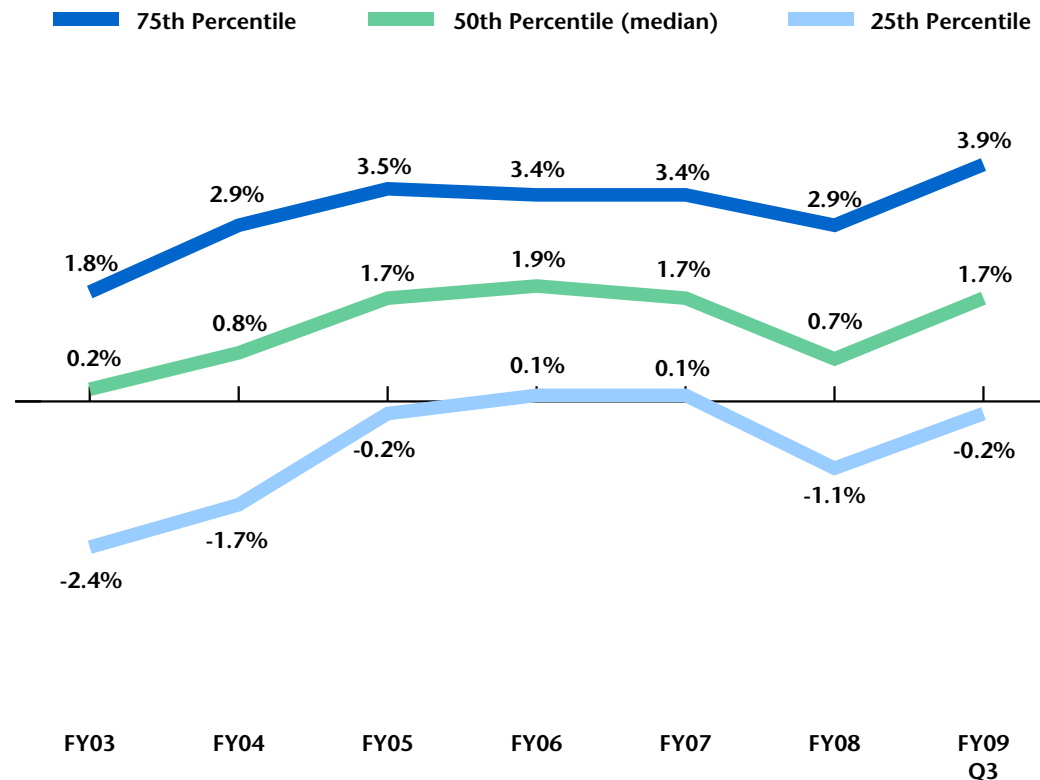
Twenty-five hospitals (38%) reported a total loss during the first three quarters of FY09.

**Benchmark:** Northeast US  
median FY07 = 2.7%

**Benchmark Source:** 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08. Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

# Operating Margin Trend by Fiscal Year



Operating margin is an important indicator of hospital profitability as it is a reflection of income from operations.

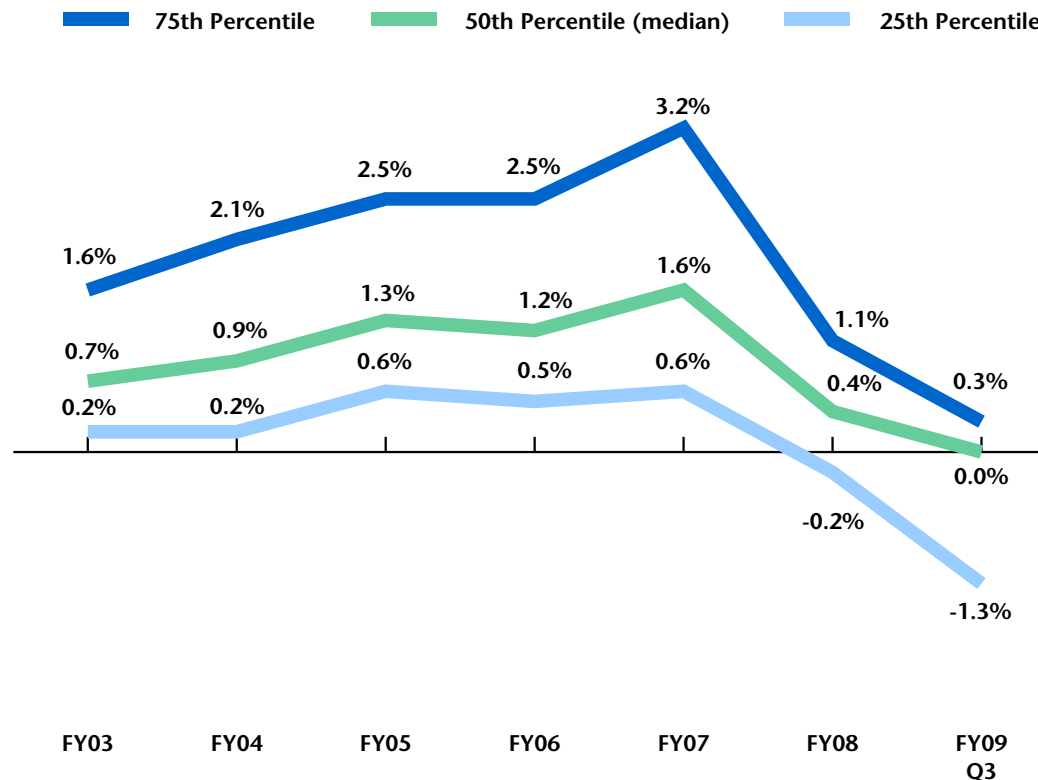
Overall, operating margins improved, with the median operating margin increasing from 0.7% in FY08 to 1.7% during the first three quarters of FY09. Seventeen hospitals (26%) reported a loss from operations during the same period.

**Benchmark:** Northeast US  
median FY07 = 1.5%

**Benchmark Source:** INGENIX  
Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08. Source: DHCAP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

# Non-Operating Margin Trend by Fiscal Year



Non-operating income is derived primarily from income related to investments, including interest, dividends, and realized gains/losses on securities sales; it also reflects unrestricted charitable donations.

Non-operating margins continued to decline during the first three quarters of FY09. Thirty-four hospitals (52%) reported a non-operating loss during this period.

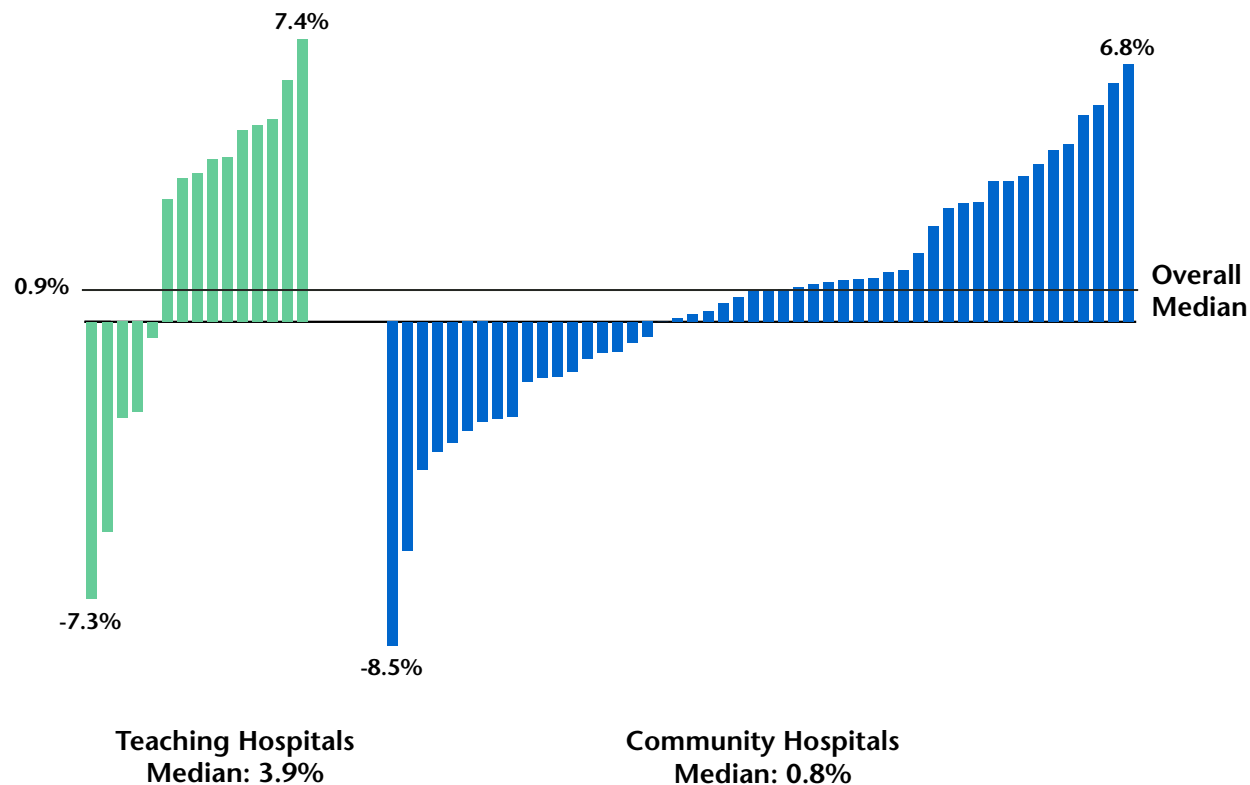
**Benchmark:** Northeast US  
median FY07 = 1.1%

**Benchmark Source:** INGENIX  
Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08.

Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

## Total Margin by Teaching Status for Fiscal Year 2008



The overall financial performance of acute hospitals varies widely by teaching status.

The median total margin was 3.9% for teaching hospitals compared with 0.8% for community hospitals in FY08. Ten teaching hospitals (67%) compared with 30 community hospitals (64%) had positive total margins in FY08.

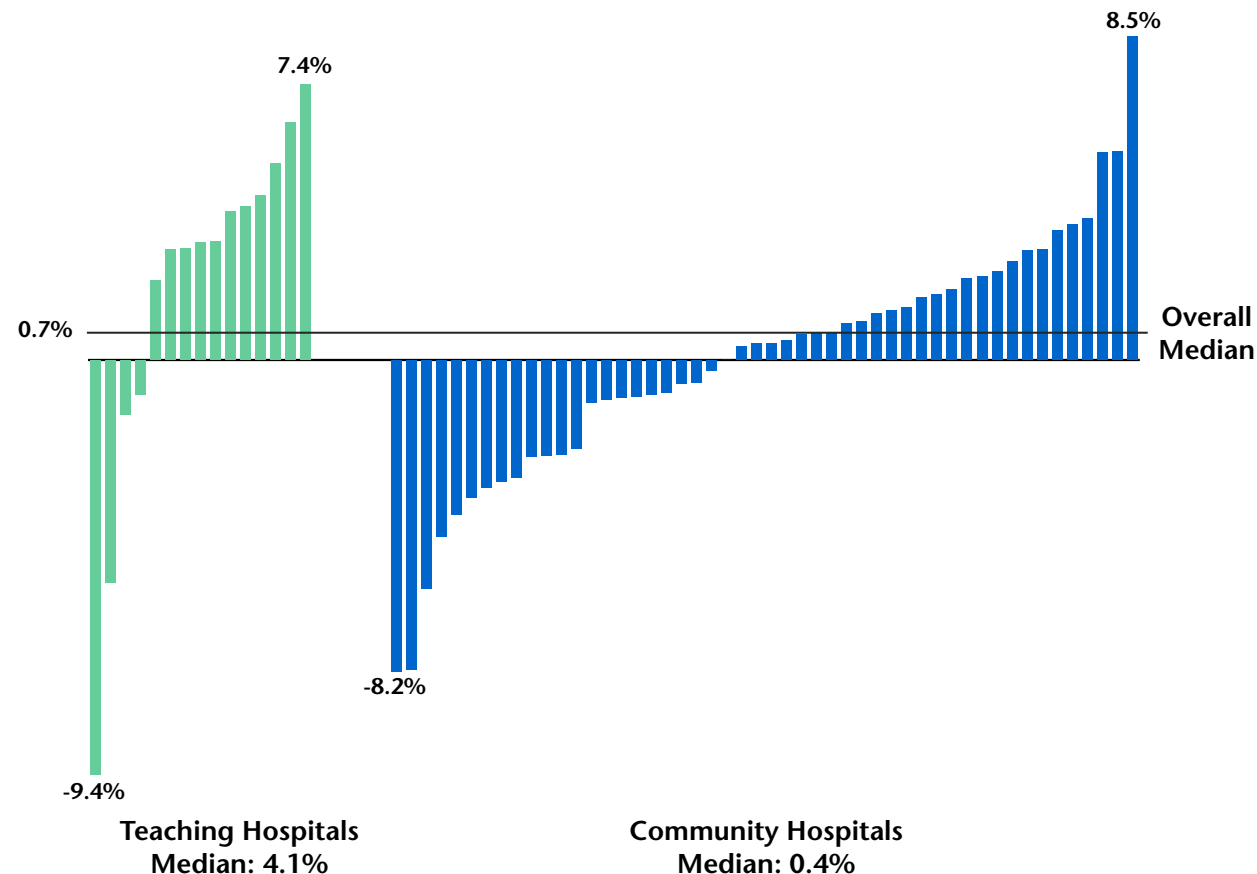
**Benchmark:** Northeast US  
median FY07 = 2.7%

**Benchmark Source:** 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis.

Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

# Operating Margin by Teaching Status for Fiscal Year 2008



Operating margin performance varies widely by teaching status. The median operating margin for teaching hospitals was significantly higher than it was for community hospitals (4.1% versus 0.4%) in FY08. Eleven teaching hospitals (73%) compared with 27 community hospitals (56%) had positive operating margins in FY08.

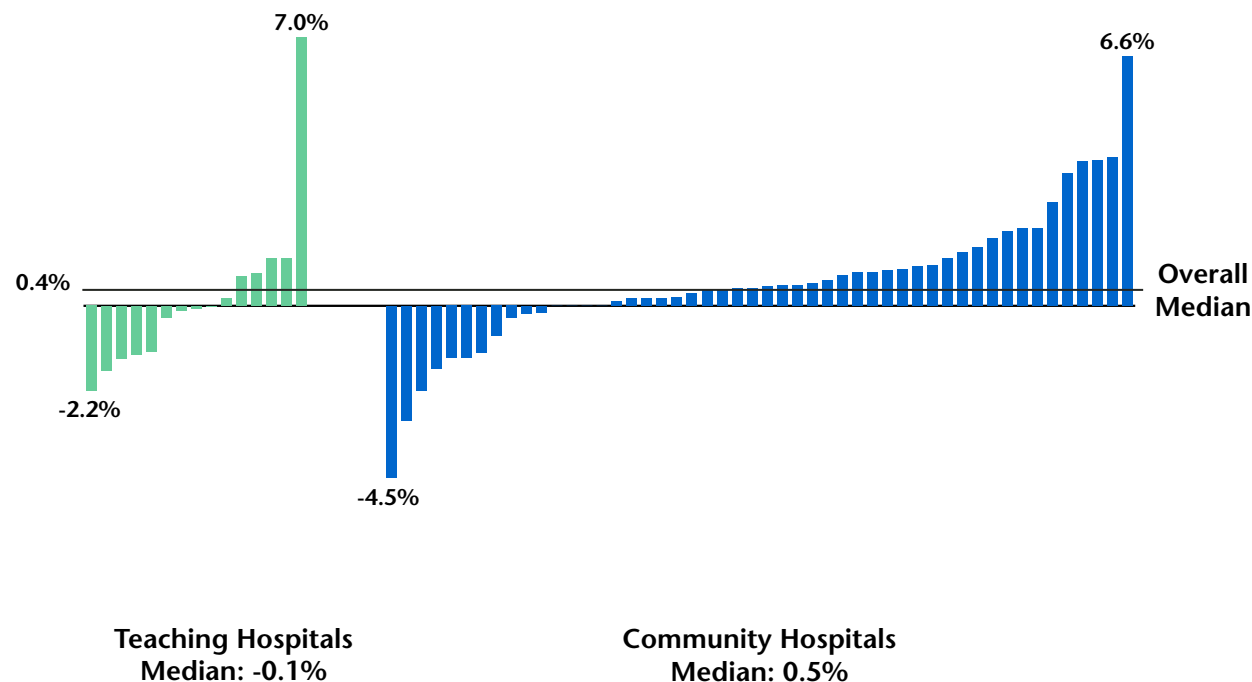
**Benchmark:** Northeast US  
median FY07 = 1.5%

**Benchmark Source:** INGENIX  
Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis.

Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

# Non-Operating Margin by Teaching Status for Fiscal Year 2008



The median non-operating margin was quite similar for both teaching and community hospitals (-0.1% and 0.5%, respectively) in FY08. Six teaching hospitals (40%) compared with 35 community hospitals (76%) had positive non-operating margins in FY08.

**Benchmark:** Northeast US  
median FY07 = 1.1%

**Benchmark Source:** INGENIX  
Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis.  
Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."



# Hospital Financial Performance

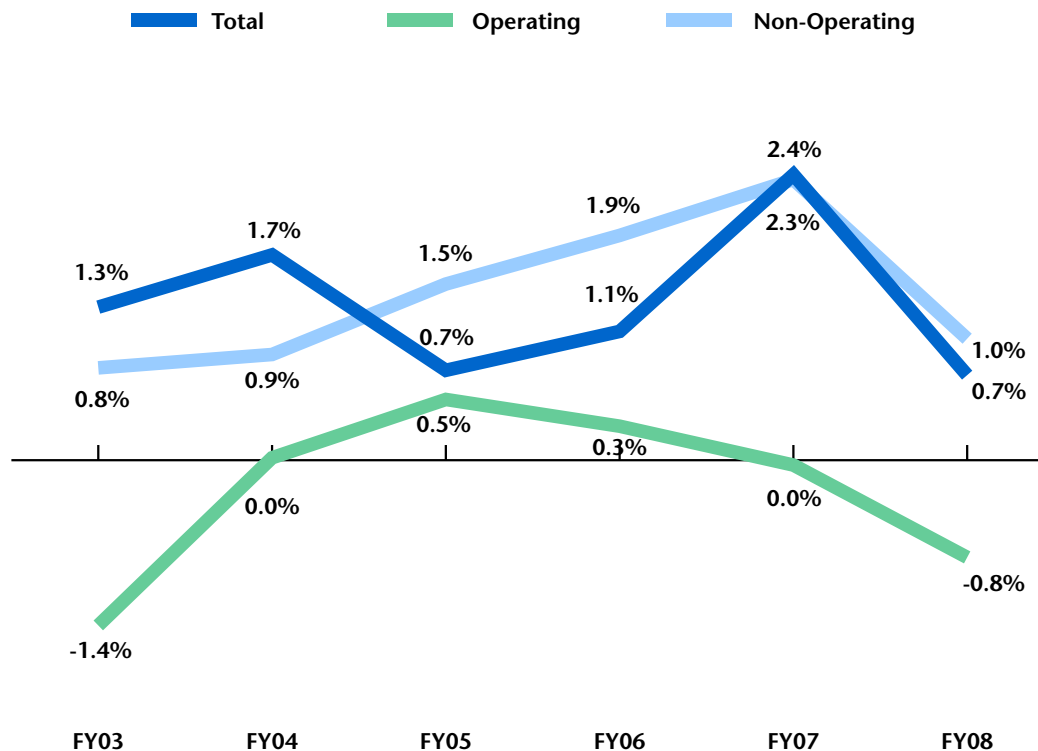
## Hospital Fiscal Year 2008

Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Baystate Medical Center	5.5%	0.9%	6.3%	\$53,334,000
Beth Israel Deaconess Medical Center	2.5%	0.8%	3.2%	\$39,328,000
Boston Medical Center	6.4%	-1.3%	5.2%	\$54,986,000
Brigham and Women's Hospital	5.2%	-0.1%	5.0%	\$95,721,000
Cambridge Health Alliance	-6.8%	1.3%	-5.5%	(\$29,448,000)
Caritas St. Elizabeth's Medical Center	1.8%	-2.2%	-0.4%	(\$1,484,000)
Children's Hospital Boston	4.1%	1.3%	5.3%	\$63,381,000
Dana-Farber Cancer Institute	-5.6%	-1.7%	-7.3%	(\$49,469,000)
Lahey Clinic	3.8%	-0.1%	3.8%	\$30,111,000
Massachusetts Eye and Ear Infirmary	-9.4%	7.0%	-2.4%	(\$3,590,000)
Massachusetts General Hospital	4.6%	-0.3%	4.3%	\$106,649,000
Mount Auburn Hospital	5.1%	-1.2%	3.9%	\$10,502,000
Saint Vincent Hospital	7.4%	0.0%	7.4%	\$22,197,000
Tufts Medical Center	-1.1%	-1.4%	-2.5%	(\$14,673,000)
UMass Memorial Medical Center	4.1%	0.2%	4.3%	\$53,130,000
Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Anna Jaques Hospital	0.7%	0.1%	0.9%	\$851,000
Athol Memorial Hospital	0.7%	0.5%	1.1%	\$258,000
Baystate Franklin Medical Center	-2.5%	1.0%	-1.4%	(\$1,180,000)
Baystate Mary Lane Hospital	-1.0%	2.0%	1.0%	\$321,000
Berkshire Medical Center	2.1%	1.5%	3.7%	\$11,957,000
Beth Israel Deaconess Hospital-Needham	1.4%	0.4%	1.8%	\$819,000
Cape Cod Hospital	-4.1%	0.9%	-3.2%	(\$11,362,000)
Caritas Carney Hospital	0.7%	0.4%	1.1%	\$1,335,000
Caritas Good Samaritan Medical Center	0.0%	0.0%	0.0%	\$8,000
Caritas Holy Family Hospital	1.3%	0.0%	1.3%	\$1,977,000
Caritas Norwood Hospital	-2.5%	-1.4%	-3.9%	(\$5,814,000)
Clinton Hospital	1.0%	2.0%	3.0%	\$785,000
Cooley Dickinson Hospital	2.3%	0.8%	3.1%	\$5,101,000
Emerson Hospital	-2.5%	1.1%	-1.5%	(\$2,448,000)
Fairview Hospital	3.6%	1.0%	4.5%	\$1,592,000
Falmouth Hospital	-3.1%	3.9%	0.8%	\$1,099,000
Faulkner Hospital	-0.3%	0.6%	0.3%	\$471,000

Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Hallmark Health	0.4%	0.5%	0.9%	\$2,450,000
Harrington Memorial Hospital	-3.3%	3.8%	0.5%	\$365,000
Health Alliance Hospital	5.5%	-0.8%	4.7%	\$7,378,000
Heywood Hospital	-0.6%	1.4%	0.8%	\$720,000
Holyoke Medical Center	-1.0%	0.2%	-0.8%	(\$952,000)
Hubbard Regional Hospital	-8.2%	-0.3%	-8.5%	(\$1,875,000)
Jordan Hospital	-0.9%	0.5%	-0.4%	(\$728,000)
Lawrence General Hospital	1.6%	0.9%	2.5%	\$4,120,000
Lowell General Hospital	1.2%	-0.2%	1.0%	\$1,967,000
Marlborough Hospital	-0.6%	0.7%	0.1%	\$50,000
Martha's Vineyard Hospital	2.2%	3.5%	5.7%	\$2,647,000
Mercy Medical Center	NA	NA	NA	NA
Merrimack Valley Hospital	-6.0%	0.0%	-6.0%	(\$3,275,000)
MetroWest Medical Center	-3.6%	0.2%	-3.4%	(\$8,116,000)
Milford Regional Medical Center	3.4%	2.0%	5.4%	\$9,542,000
Milton Hospital	-4.6%	1.8%	-2.9%	(\$1,751,000)
Morton Hospital and Medical Center	0.4%	3.8%	4.1%	\$5,329,000
Nantucket Cottage Hospital	-8.1%	6.6%	-1.6%	(\$527,000)
Nashoba Valley Medical Center	-1.0%	0.0%	-1.0%	(\$428,000)
New England Baptist Hospital	1.0%	2.7%	3.7%	\$6,587,000
Newton-Wellesley Hospital	2.9%	0.9%	3.8%	\$12,870,000
Noble Hospital	-0.9%	0.3%	-0.6%	(\$294,000)
North Adams Regional Hospital	5.5%	1.3%	6.8%	\$4,335,000
North Shore Medical Center	0.4%	0.2%	0.6%	\$2,813,000
Northeast Hospital Corporation	1.7%	-3.0%	-1.3%	(\$3,844,000)
Quincy Medical Center	-2.3%	-0.2%	-2.5%	(\$2,678,000)
Saint Anne's Hospital	3.7%	-4.5%	-0.8%	(\$1,077,000)
Saints Medical Center	-1.1%	-1.4%	-2.5%	(\$3,281,000)
Signature Healthcare Brockton Hospital	-3.2%	0.6%	-2.6%	(\$5,158,000)
South Shore Hospital	1.9%	-1.7%	0.2%	\$717,000
Southcoast Hospitals Group	2.6%	-1.2%	1.4%	\$8,130,000
Sturdy Memorial Hospital	8.5%	-2.2%	6.3%	\$9,231,000
Winchester Hospital	2.9%	0.2%	3.1%	\$7,583,000
Wing Memorial Hospital	0.5%	0.6%	1.1%	\$703,000

Notes: Recently, government employers, including Cambridge Health Alliance, were required to implement a new government accounting rule (GASB 45) that required them to record in their financial statements the present value of future retiree health benefit costs. In complying with this new rule, Cambridge Health Alliance's balance sheet reflects a \$221.9M liability and associated operating expense of \$12.7M for its 2008 fiscal year. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis. Source: DHCAP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

## CHC Median Financial Margins by Fiscal Year

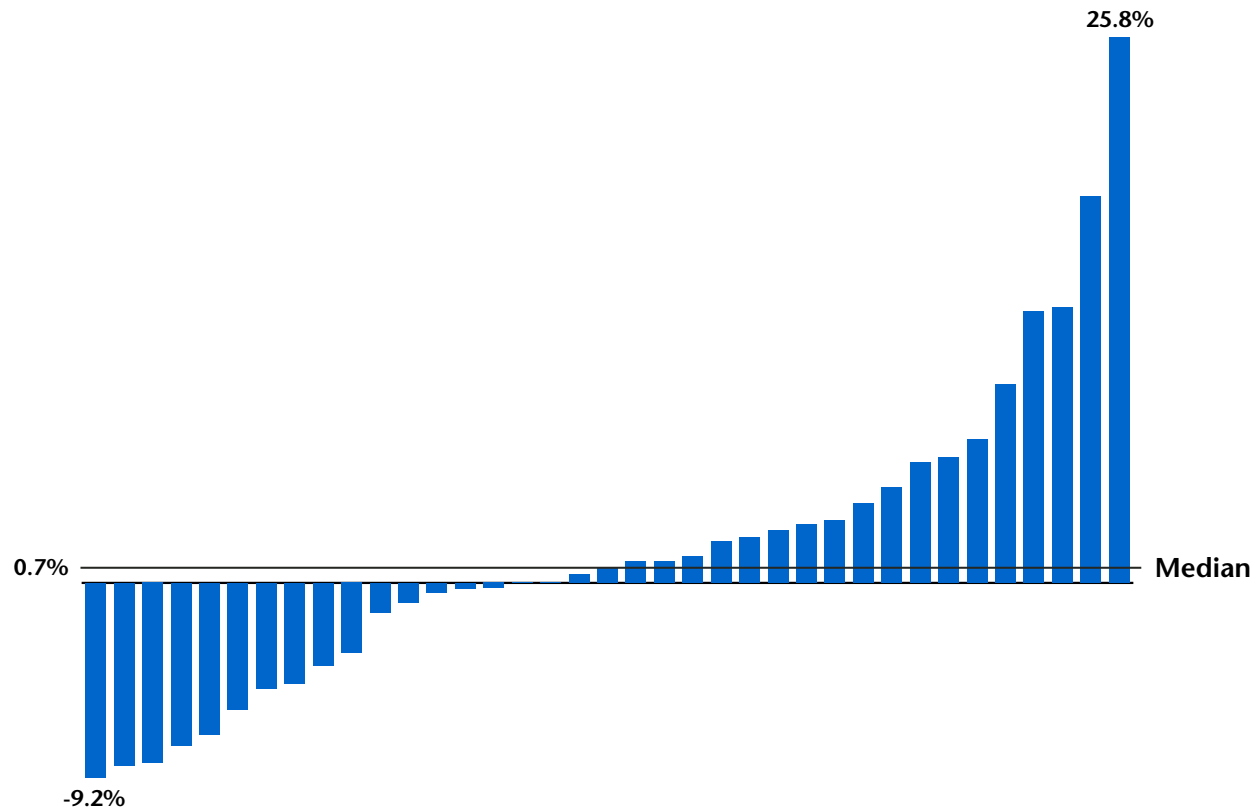


Total margins for community health centers (CHCs) remained positive during the six years from FY03 to FY08, largely due to positive non-operating margins.

CHCs experienced an overall decline in financial performance in FY08.

Notes: Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE. Source: CHC audited financial statements for freestanding CHCs from FY03 through FY08.

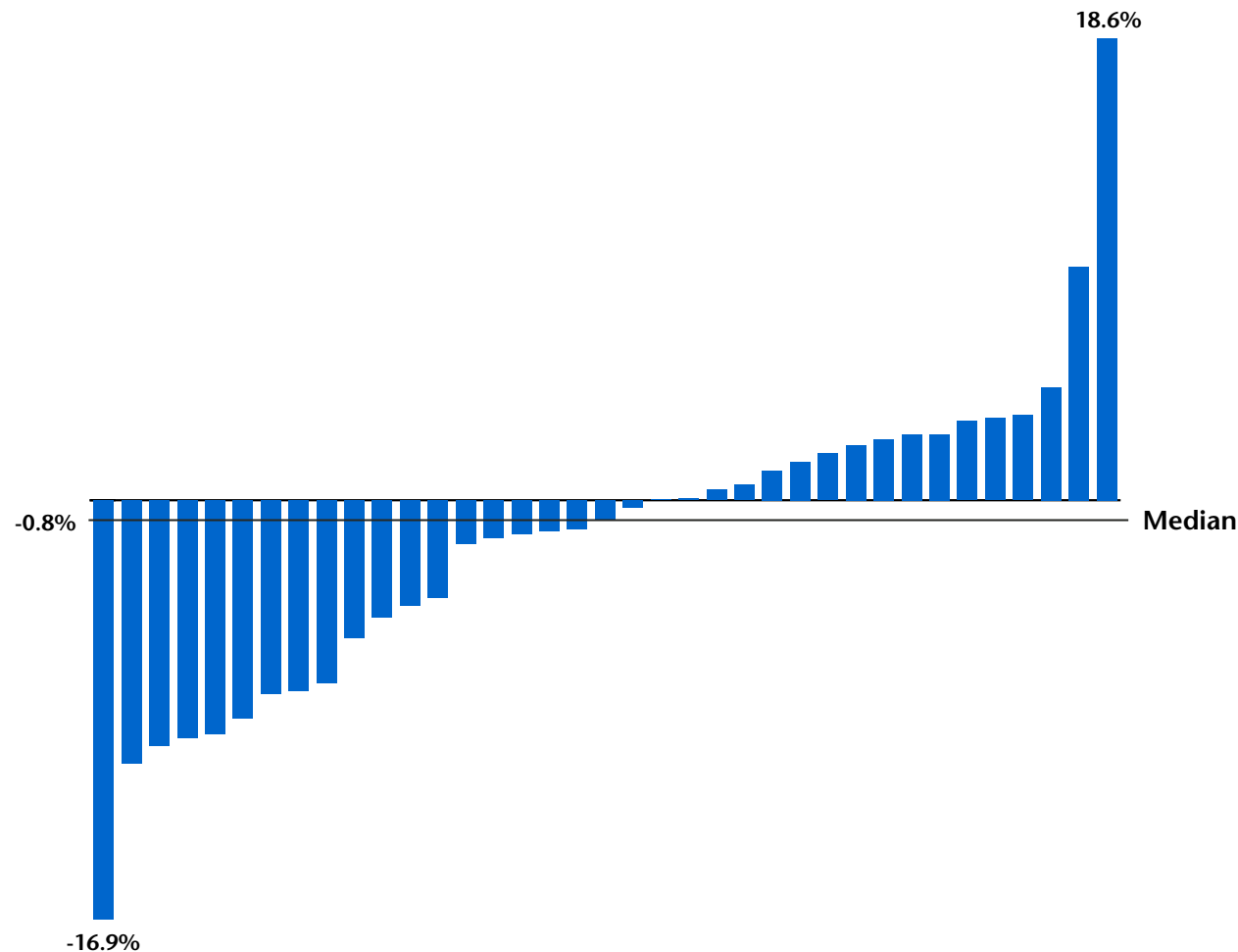
## CHC Total Margin in Fiscal Year 2008



The total margin for community health centers (CHCs) ranged from -9.2% to 25.8% in their 2008 fiscal year. Over half of CHC's (22 of 37) experienced positive total margins.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.  
Source: CHC audited financial statements for 37 freestanding CHCs in FY08.

# CHC Operating Margin in Fiscal Year 2008

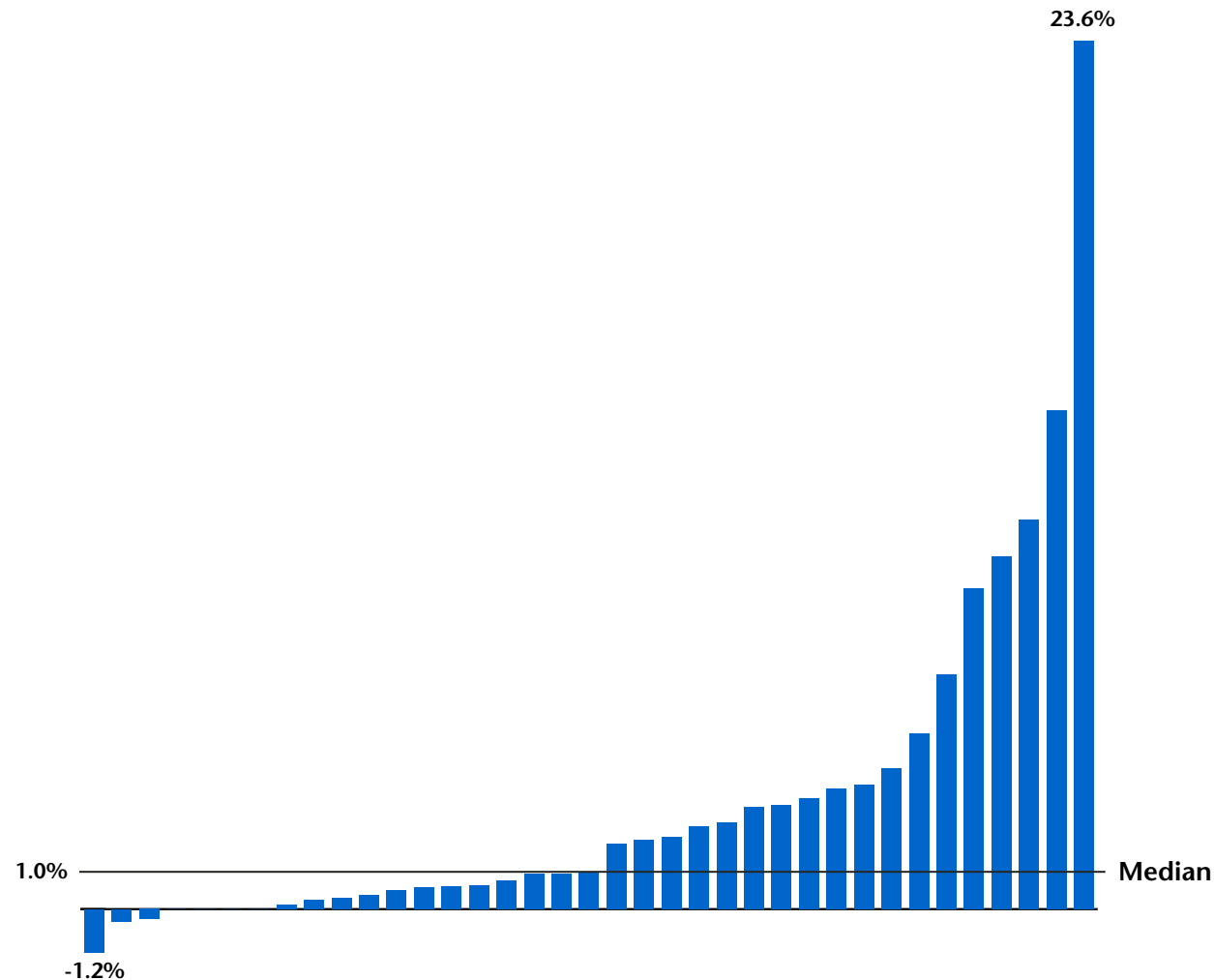


Operating margins for community health centers (CHCs) ranged from -16.9% to 18.6% in their 2008 fiscal year. Over one-half of CHCs (20 of 37) lost money on operations.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.  
Source: CHC audited financial statements for 37 freestanding CHCs in FY08.

## CHC Non-Operating Margin in Fiscal Year 2008

Non-operating margins for community health centers (CHCs) ranged from -1.2% to 23.6% in their 2008 fiscal year.



Note: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.  
Source: CHC audited financial statements for 37 freestanding CHCs in FY08.

# Community Health Center Financial Performance

## in Fiscal Year 2008

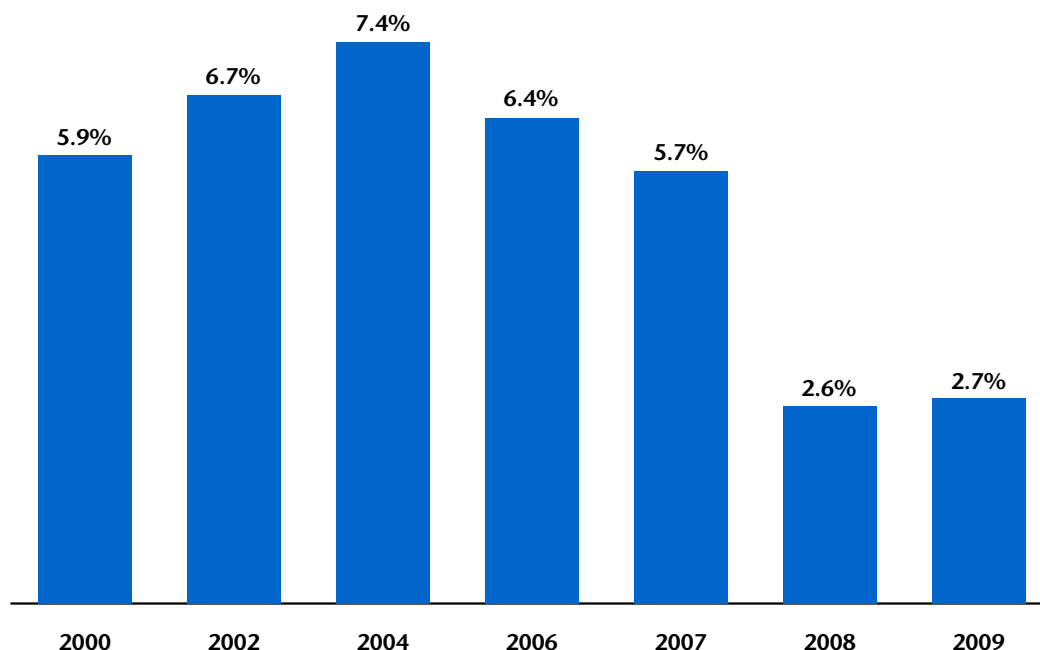
Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Boston Health Care for the Homeless Program	2.2%	23.6%	25.8%	\$8,581,000
Brockton Neighborhood Health Center	-7.3%	-1.2%	-8.5%	(\$992,000)
Caring Health Center, Inc.	-0.8%	0.4%	-0.4%	(\$53,000)
Community Health Center of the Berkshires	3.3%	9.6%	12.8%	\$770,000
Community Health Center of Cape Cod	-16.9%	13.5%	-3.3%	(\$131,000)
Community Health Center of Franklin County, Inc.	-10.6%	1.9%	-8.6%	(\$382,000)
Community Health Connections Family Health Center	3.4%	3.4%	6.8%	\$910,000
Community HealthLink	0.0%	0.0%	0.0%	\$10,000
Dimock Community Health Center	-7.7%	8.7%	1.0%	\$298,000
Duffy Health Center	-1.7%	2.8%	1.0%	\$33,000
Family Health Center of Worcester	-5.5%	0.5%	-5.0%	(\$1,070,000)
Fenway Community Health Center	2.5%	10.6%	13.0%	\$3,584,000
Great Brook Valley Health Center	-4.7%	4.8%	0.0%	\$10,000
Greater Lawrence Family Health Center, Inc.	9.4%	0.0%	9.4%	\$3,615,000
Greater New Bedford Community Health Center, Inc.	1.9%	3.8%	5.7%	\$772,000
Harbor Health Services, Inc.	-1.2%	1.0%	-0.2%	(\$89,000)
Harvard Street Neighborhood Health Center	-1.2%	0.2%	-0.9%	(\$80,000)
HealthFirst Family Care Center, Inc.	-9.9%	0.6%	-9.2%	(\$386,000)
Hilltown Community Health Centers, Inc.	0.1%	-0.3%	-0.3%	(\$14,000)

Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Holyoke Health Center, Inc.	1.2%	0.8%	2.0%	\$410,000
Island Health Care	1.5%	0.9%	2.5%	\$28,000
Joseph M. Smith Community Health Center	2.7%	3.3%	5.9%	\$594,000
Lowell Community Health Center	2.6%	0.3%	2.9%	\$554,000
Lynn Community Health Center	0.6%	0.6%	1.2%	\$347,000
Manet Community Health Center, Inc.	-1.4%	1.8%	0.4%	\$36,000
Mattapan Community Health Center	-1.5%	0.1%	-1.4%	(\$77,000)
North End Community Health Center	-0.3%	1.0%	0.7%	\$63,000
North Shore Community Health, Inc.	3.2%	0.6%	3.8%	\$208,000
Outer Cape Health Services, Inc.	-9.4%	2.2%	-7.2%	(\$429,000)
River Valley Counseling Center	4.5%	0.0%	4.5%	\$277,000
Roxbury Comprehensive Community Health Center	-8.8%	2.8%	-6.0%	(\$516,000)
Sidney Borum, Jr. Health Center	-3.9%	0.0%	-3.9%	(\$77,000)
South Cove Community Health Center	18.6%	-0.3%	18.3%	\$4,076,000
South End Community Health Center	-7.8%	3.0%	-4.8%	(\$401,000)
Stanley Street Treatment and Resources	0.4%	2.4%	2.8%	\$410,000
Upham's Corner Health Center	-9.5%	1.9%	-7.7%	(\$1,698,000)
Whittier Street Health Center	-4.2%	6.4%	2.1%	\$235,000

Source: CHC audited financial statements for 37 free standing CHCs in FY08.

# People without Health Insurance

## Percent of All Massachusetts Residents



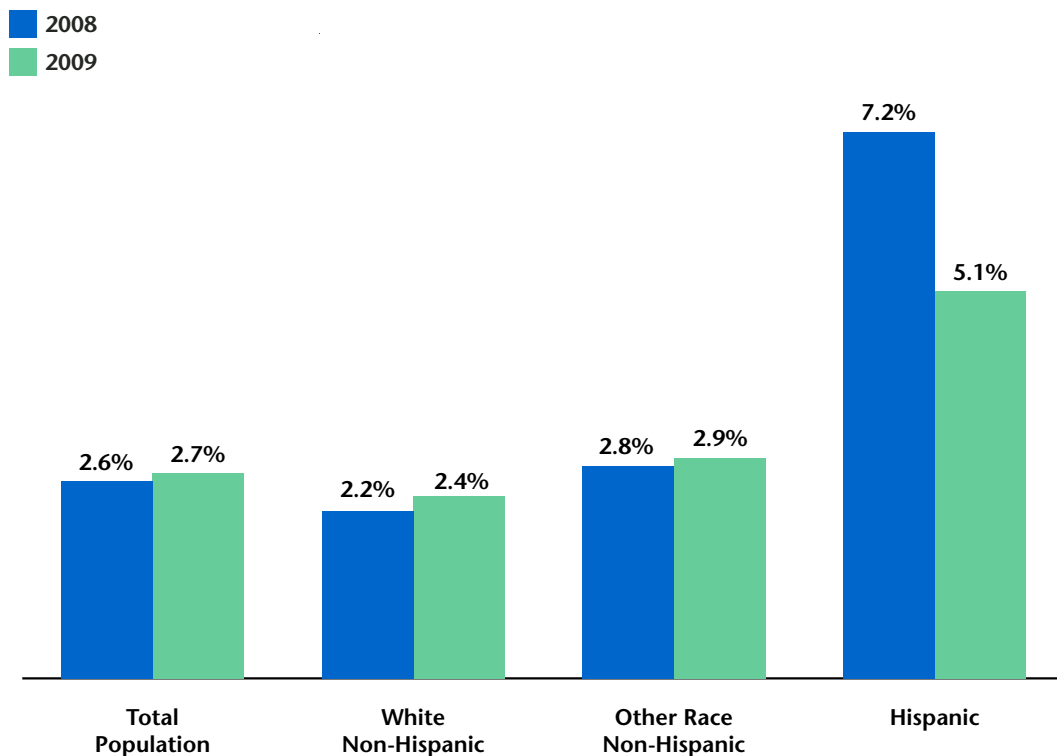
Uninsurance was low among Massachusetts residents, with less than 3% uninsured at the time of the survey in both 2008 and 2009. This corresponds to roughly 171,000 people in 2009 and 165,000 people in 2008.<sup>†</sup> The 2009 estimate of the uninsurance rate is not significantly different from the estimate for 2008.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

<sup>†</sup>These population estimates are based on estimates of the total civilian non-institutionalized population in Massachusetts from the March Current Population Survey for the relevant year. Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 were conducted February through June of the survey year; survey for 2007 was conducted January through July of 2007. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

# Uninsured by Race and Ethnicity

## Percent of All Massachusetts Residents



Hispanic residents in Massachusetts were more likely to be uninsured than residents in other racial/ethnic groups. While the estimate of the uninsurance rate for Hispanics is lower in 2009 than 2008, the 2009 estimates are not significantly different from the estimates for 2008.

In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

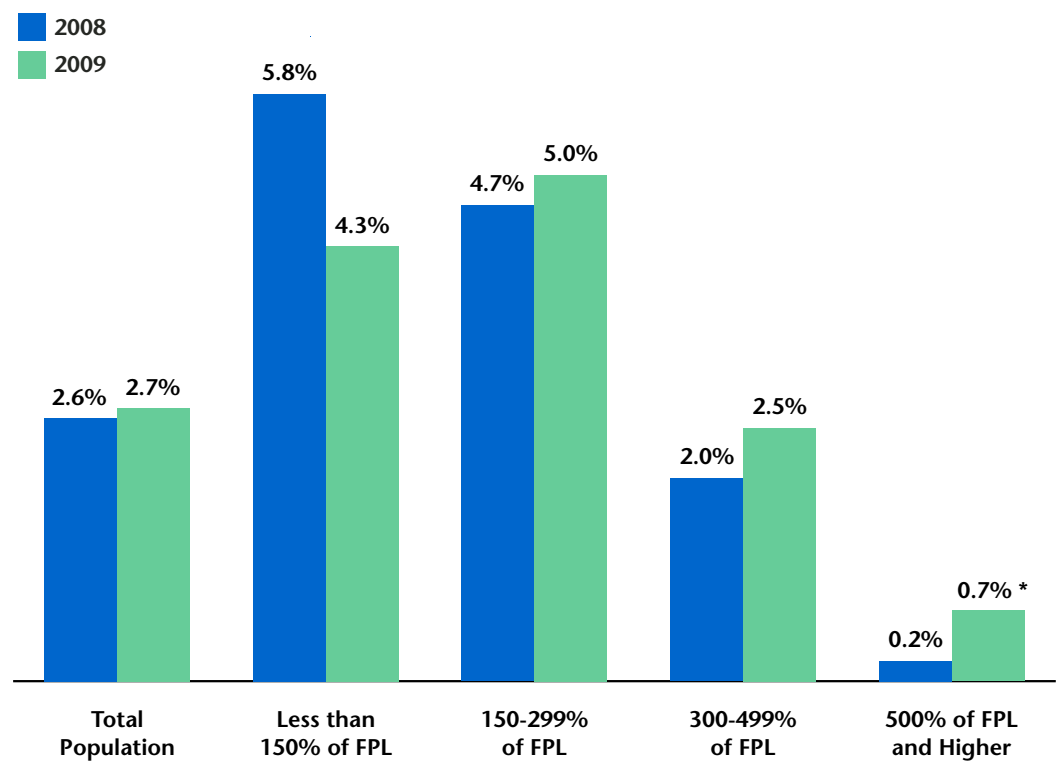
Note: Other race, non-Hispanic includes black and Asian in addition to other races.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."



# Uninsured by Federal Poverty Level

## Percent of All Massachusetts Residents



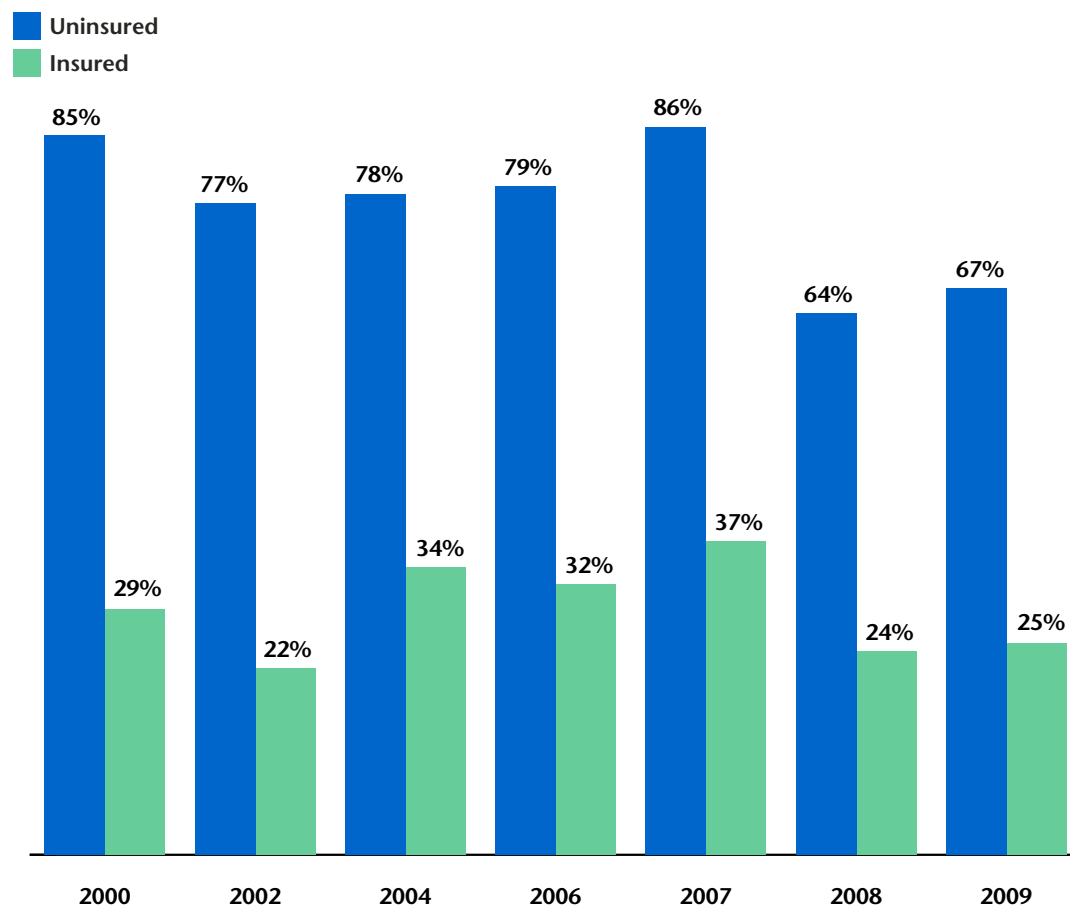
Massachusetts residents with income less than 300% of the federal poverty level (FPL) were more likely to be uninsured than were those with higher incomes. There was a small, but statistically significant, increase in the uninsurance rate among residents with income at 500% FPL or higher.

In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

\* The 2009 estimate is significantly different from the 2008 estimate at the 5% level, two-tailed test.  
Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

# Needed Care but Cost Was an Obstacle

Percent of Adults Ages 19 to 64



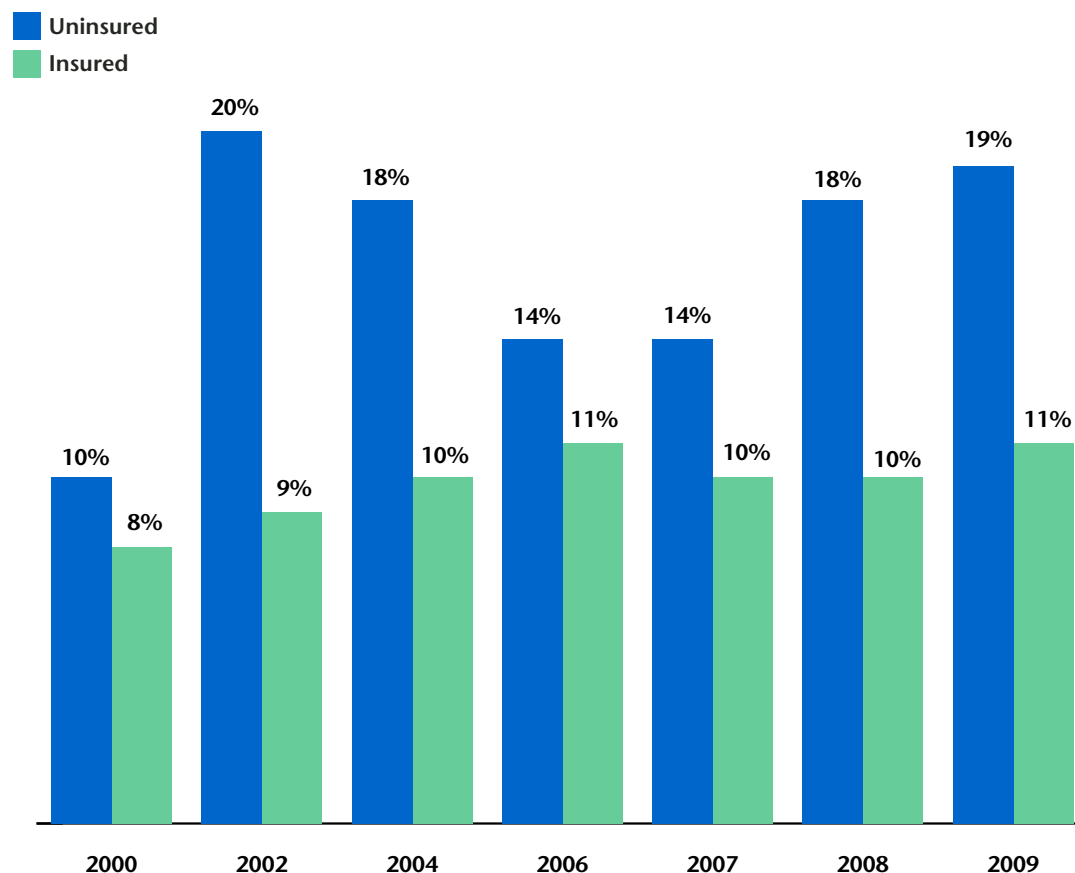
Since 2007, cost has become less of an obstacle to accessing health care for Massachusetts residents, but remains a significant barrier for most people without health coverage.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

# Reported Being in Fair or Poor Health

## Percent of Adults Ages 19 to 64

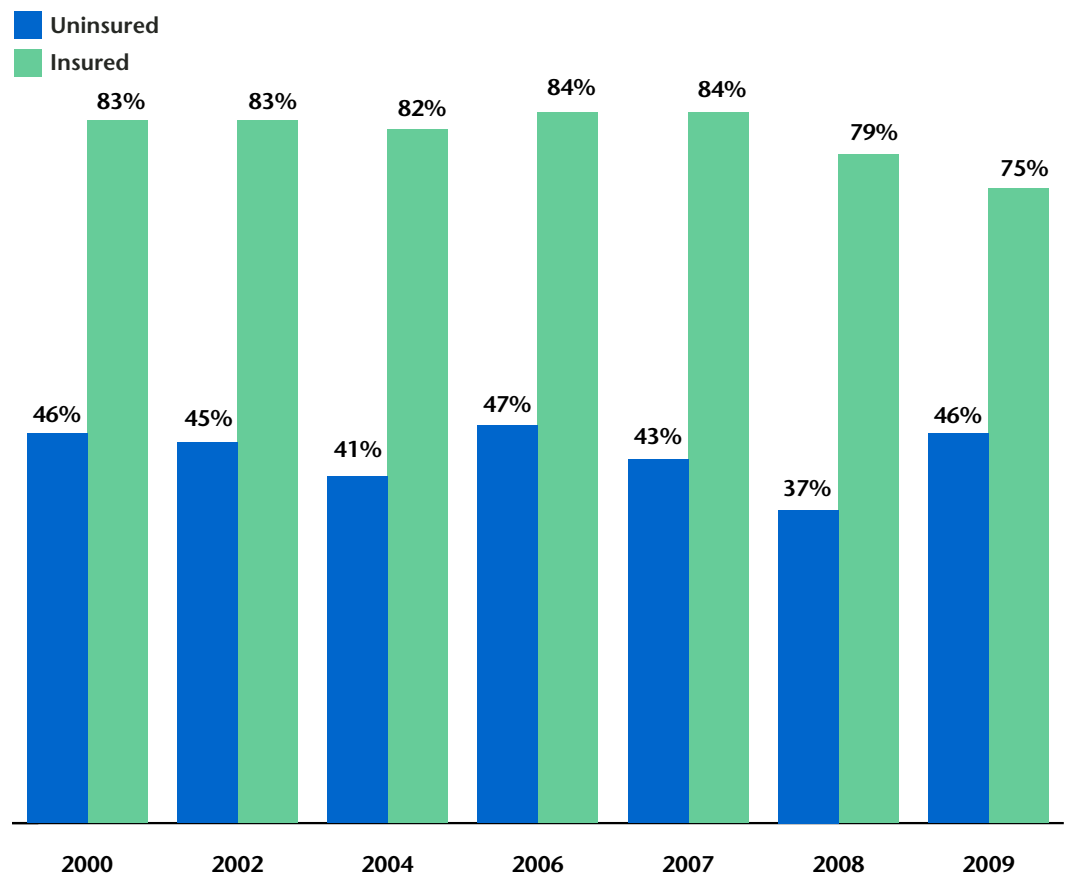


Most Massachusetts residents surveyed, both insured and uninsured, reported being in good or excellent health.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

# Reported Having a Dental Visit in the Past Year, Percent of Adults Ages 19 to 64



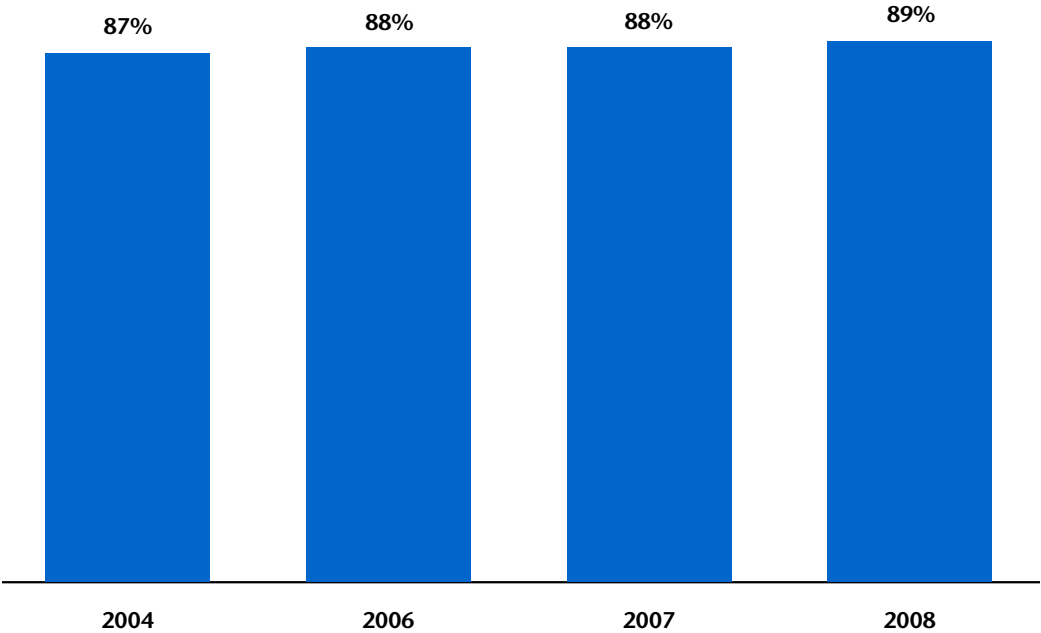
The rate of uninsured Massachusetts residents who reported getting dental care in the past year was 24% higher in 2009 than in 2008 (46% versus 37%, respectively).

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

# Have a Personal Health Care Provider

## Percent of Adults Ages 18+



Percent of adults ages 18+ by race/ethnicity (95% confidence interval):

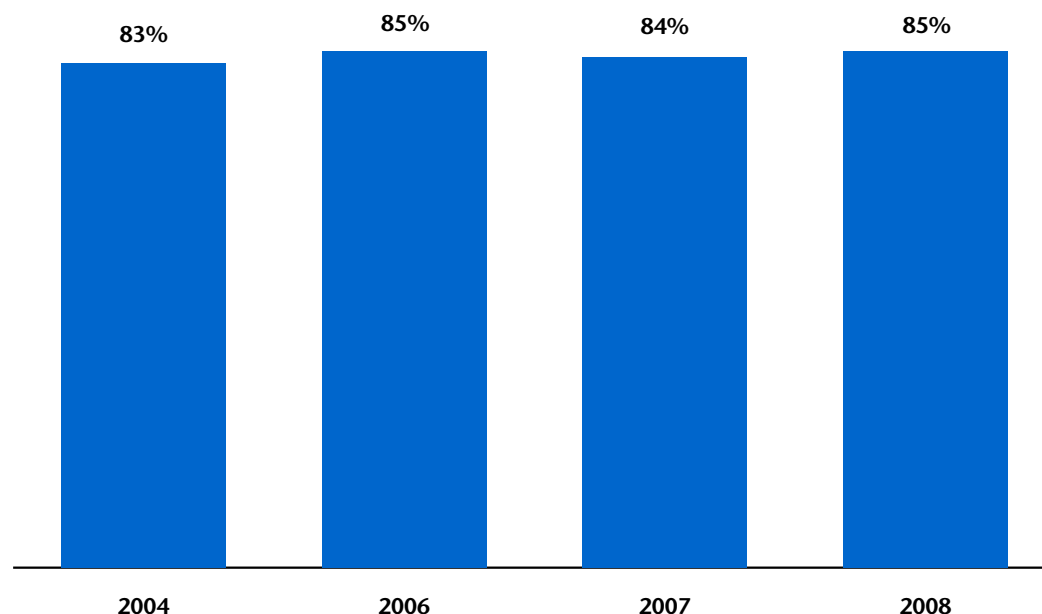
White	89% (87%-90%)	89% (88%-90%)	90% (90%-91%)	90% (89%-91%)
Black	90% (85%-94%)	89% (85%-92%)	84% (80%-87%)	83% (78%-88%)
Hispanic	75% (71%-79%)	75% (71%-79%)	76% (72%-80%)	80% (77%-83%)
Asian	88% (84%-93%)	83% (76%-90%)	86% (82%-91%)	84% (78%-90%)

Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.  
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006, and 2007; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

The vast majority of Massachusetts residents surveyed reported having a personal health care provider. However, a significantly lower percentage of blacks, Hispanics, and Asians reported having a personal health care provider compared to whites.

Between 2007 and 2008, Hispanics who reported having a personal health care provider increased by four percentage points, while there were slight declines for blacks and Asians.

## Had a Mammogram in the Past 2 Years, Percent of Women Ages 40+



Percent of women ages 40+ by race/ethnicity (95% confidence interval):

White	82% (81%-84%)	85% (84%-87%)	84% (82%-86%)	85% (84%-86%)
Black	80% (64%-95%)	80% (71%-89%)	84% (75%-93%)	87% (82%-91%)
Hispanic	88% (82%-93%)	87% (82%-92%)	80% (69%-91%)	89% (85%-92%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	86% (77%-95%)

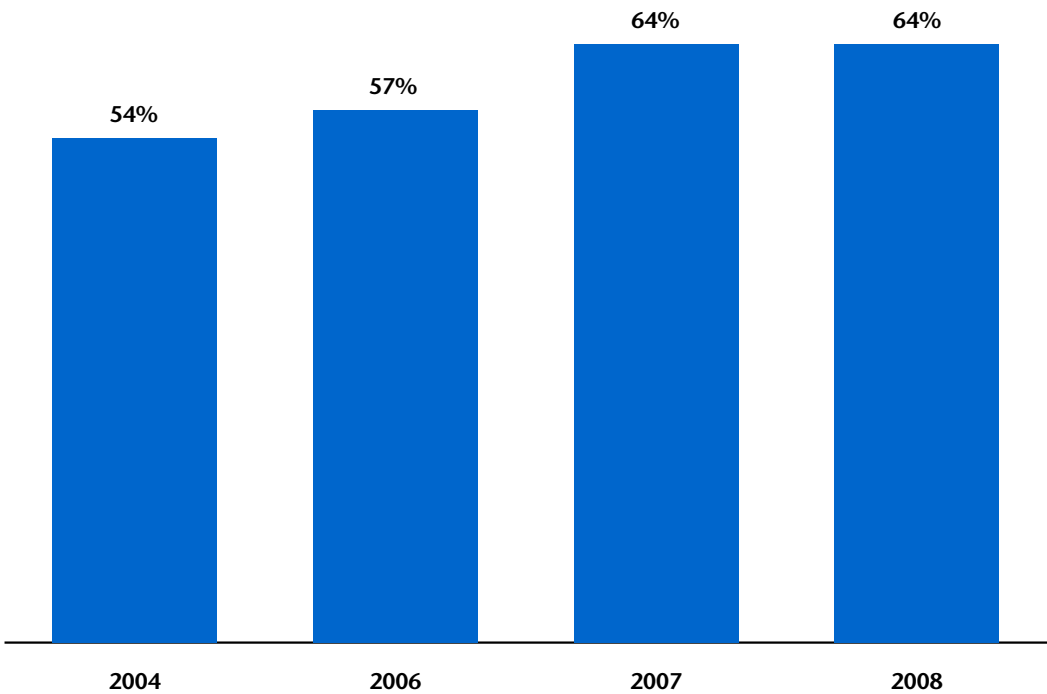
Note: Percentages are not age-adjusted and data presented for 2004-2007 will not match previous editions of *Key Indicators*.

Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007, and 2008; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

Most Massachusetts female residents ages 40 and older reported having a mammogram to screen for breast cancer.

In 2008 there was not a significant difference among racial groups for women who reported having a mammogram.

# Had a Sigmoidoscopy or Colonoscopy in the Past 5 Years, Percent of Adults Ages 50+



Percent of adults ages 50+ by race/ethnicity (95% confidence interval):

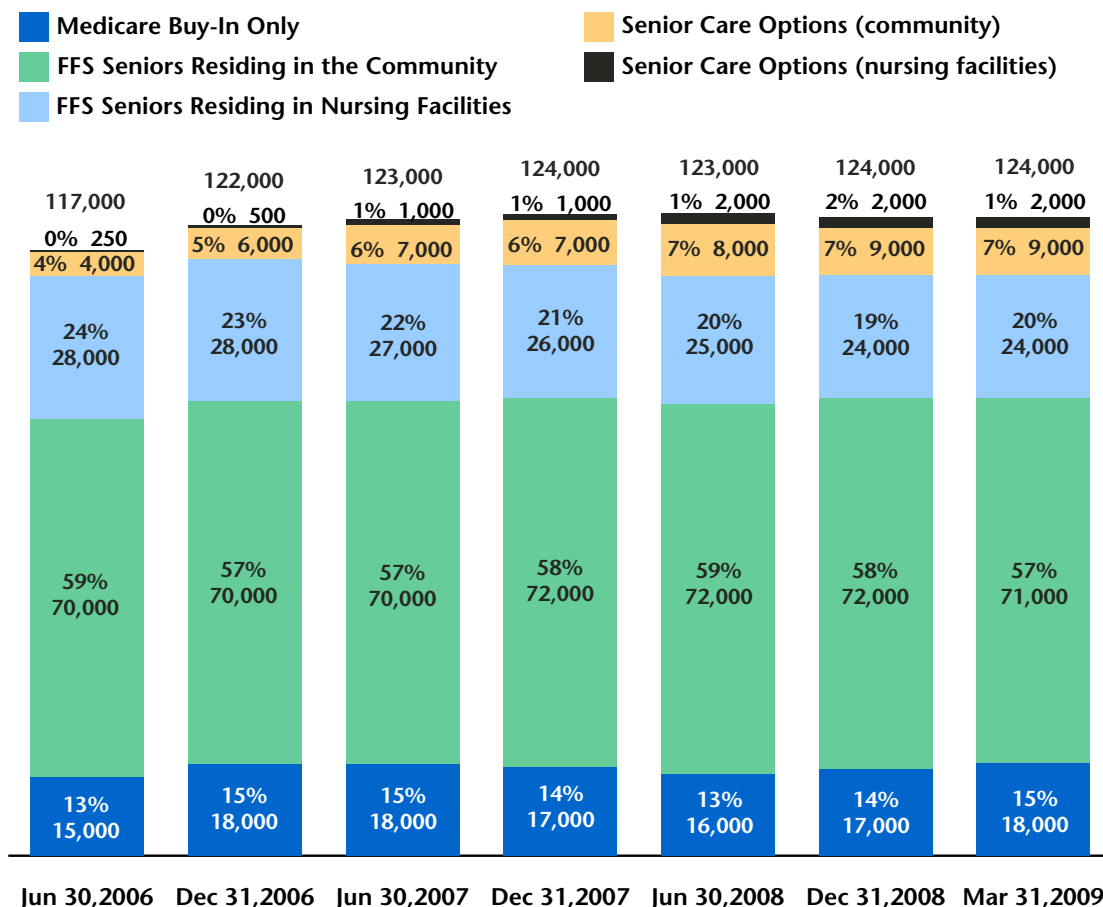
White	55% (52%-57%)	58% (56%-60%)	64% (62%-67%)	64% (63%-66%)
Black	54% (41%-66%)	60% (51%-69%)	74% (62%-85%)	60% (52%-67%)
Hispanic	51% (41%-61%)	49% (40%-58%)	56% (43%-70%)	57% (50%-63%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	56% (39%-72%)

Note: Percentages are not age-adjusted and data presented for 2004-2007 will not match previous editions of *Key Indicators*.  
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007, and 2008; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

The number of Massachusetts residents ages 50 and older that reported having a sigmoidoscopy or colonoscopy to screen for colorectal cancer has increased significantly since 2004.

# MassHealth Members

## Ages 65+



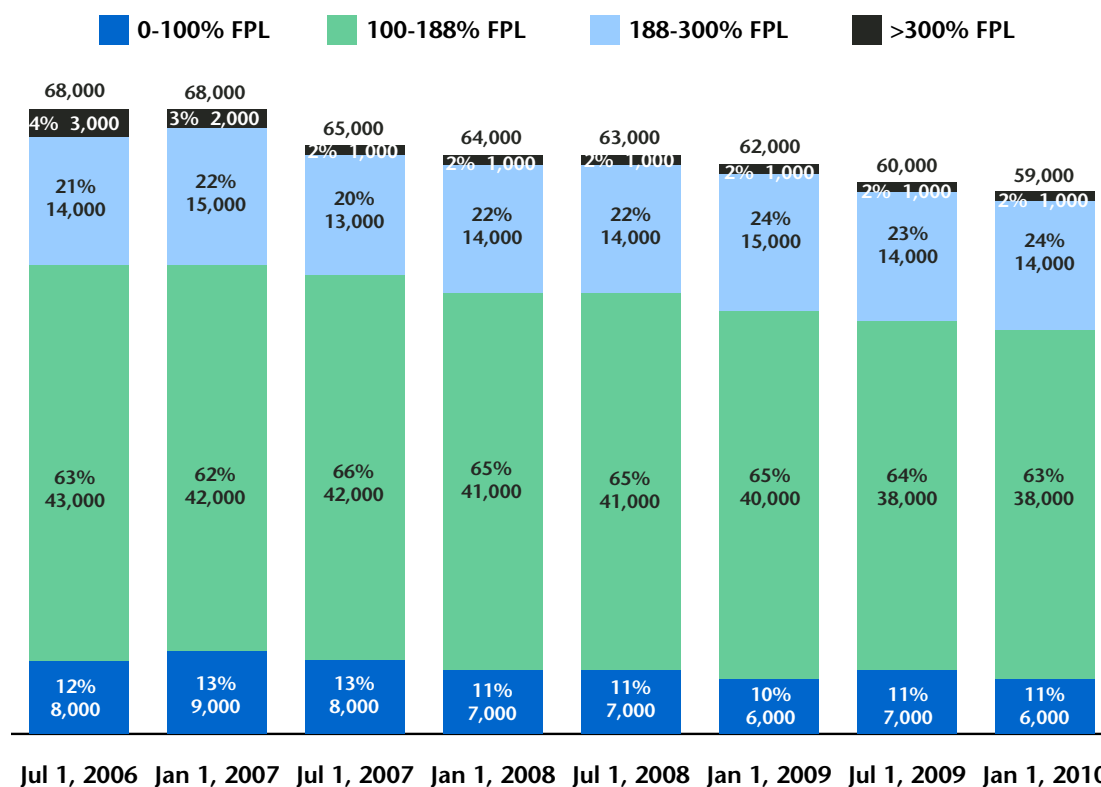
Since June 30, 2006, MassHealth members ages 65 and older enrolled in Senior Care Options (SCO) increased from 4% to 8% of total enrollment for this age group.

The proportion of seniors with MassHealth coverage residing in nursing facilities (including both those enrolled in SCO and those not enrolled in SCO) declined from 24% to 21% in the same period.

Notes: "FFS"= fee for service. Information on MassHealth members ages 65 and older is not available for June 30, 2009. Updates will be provided in the February 2010 edition of this report. Numbers may not sum to totals due to rounding. Source: MassHealth Monthly Enrollment Snapshot Report as of April 2009.



# Enrollees in Prescription Advantage Ages 65+ by Percent of FPL



Approximately 7% of Massachusetts residents ages 65 and older are enrolled in Prescription Advantage in 2009.

Three-quarters (75%) of those enrolled have incomes below 188% of the federal poverty level (FPL).

Note: Numbers are rounded to the nearest thousand and may not sum to totals.

Sources: Massachusetts Executive Office of Elder Affairs; US Census estimates are used to calculate the percent of Massachusetts residents ages 65 and older enrolled in Prescription Advantage; as of July 1, 2008, 871,098 people ages 65 and older estimated to be living in Massachusetts.

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